

Task Force

Drugs and Pharmaceuticals

Report of
Makarpur Committee.

22.5.2000

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Community Health
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Centre for Public Health and Equity
No. 27, 1st Floor, 6th Cross, 1st Main,
1st Block, Koramangala, Bengaluru - 34
Tel : 080 - 41280009
email : clic@sochara.org / cphe@sochara.org
www.sochara.org

Report of the Committee

On

**Purchase Procedures and Distribution Mechanism of
Drugs and Pharmaceuticals**

to

the Government Hospitals in Karnataka State

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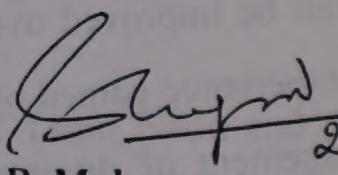
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support by providing useful information in finalising the report. I am grateful to Medical Officers of PHC / CHC / Taluk Hospitals District Health & Family Welfare Services and District Surgeons for providing required information. I am grateful to Dr. Jagirdar, Joint Director, Government Medical Stores and his staff for providing the information on the existing infrastructure and procurement procedure and distribution system at Government Medical Stores. I am grateful to Sri Martin Jacob, Managing Director of Tamilnadu Corporation and his colleagues for providing an opportunity to interact with them during the visit of the Members of the Committee to Chennai and for providing the required support in gathering information and visiting drug warehouses. I finally acknowledge with gratitude the excellent support and guidance given by Sri A. Sengupta, Principal Secretary, Health & Family Welfare, Sri Sanjay Kaul, Commissioner Health & Family Welfare, Sri A.K.M Nayak, former Commissioner, Health & Family Welfare, Sri Arvind G. Risbud, Project Administrator, Karnataka Health Systems Development Project, Dr. S. Subramanya, former Project Administrator, Karnataka Health Systems Development Project, Dr. P.N. Halagi, Director, Health & Family Welfare, Dr. G.V. Nagaraj, Project Director, RCH and Dr. Vishwanath, Additional Director (Medical), Karnataka Health Systems Development Project in finalising the report.



22/5/2008

Dr. K.B. Makapur

Chairman of the Committee &
Director, State Institute of
Health & Family Welfare

Preface

Health Programmes are important programmes in Social Sector as the community directly interacts with the providers of health care services. The curative health care is one of the important dimensions in the overall health care delivery. In the curative health care, the importance of drugs and medicines need not be emphasised. It is the availability of the essential and life saving drugs in the hospitals which is vital in providing a quality curative health care to the people who visit the hospitals. The public procurement and distribution of medicines is much more complex compared to the private procurement. There are more constraints in public procurement of any commodity.

There have been occasions when the Hon'ble Legislators have made comments on the shortage of drugs in Government Institutions. It is not enough, if the drugs are just procured without a proper mechanism for timely procurement, distribution and ensuring availability at the dispensing centres. It does not mean that the Government has failed to provide the drugs in the Government Hospitals. Considering the number of institutions which provide health services to the people and the complexity in the procurement and distribution of the drugs, it is essential to improve the system. The system cannot be improved overnight. The lessons learnt in the previous years and the experience gained by way of interaction with other states/countries in the management of drugs should provide additional inputs in improving the system.

Keeping these factors in mind, the Committee has looked into various aspects of management of Drug Procurement and Distribution. I express my gratitude to all the Committee Members who have provided useful information in the form of inputs for finalising the report. I am grateful to the Senior Health Administrators in the Department who have given excellent

Report of the Committee on the Purchase Procedures and Distribution Mechanism of Drugs and Pharmaceuticals to the Government Hospitals in Karnataka State

Introduction:

The Government of Karnataka, Department of Health & Family Welfare in its Order No. HFW 145 HPC 99, Dated 1-1-2000 constituted a Committee under the Chairmanship of the Director, State Institute of Health & Family Welfare, Bangalore to propose suitable recommendations for improving the Purchase Procedures and Distribution Mechanism of Drugs and Pharmaceuticals to the Government Hospitals in the State.

The Composition of the Committee and the Terms of Reference to the Committee are as given in Annexure I.

The Committee met on several days and for the preparation of the Report, the Committee adopted the following procedures:

1. Discussion with the users of the Medicines - The Committee discussed with the selected Administrative Medical Officers of Primary Health Centres, Community Health Centres, 50 Bedded Hospitals, 100 Bedded Hospitals and the District Hospitals.
2. The Committee discussed with the selected District level Administrative Officers of the Department of Health & Family Welfare like District Health & Family Welfare Officers and the District Surgeons.
3. The Committee held discussions with the Joint Director and other officers of Government Medical Stores. The members also visited the Government Medical Stores to see the existing facilities and functioning of Government Medical Stores.
4. The Members of the Committee visited the State of Tamil Nadu and discussed with the Officers of the Tamil Nadu Medical Corporation.
5. The Members of the Committee during their visit to Tamil Nadu visited the District Sub-stores at Chennai and Kanchipuram. They also visited selected hospitals.

In the first meeting of the Committee, the Chairman impressed upon all the members of the Committee that the Government of Karnataka had constituted a House Committee of the Karnataka Legislative Council under the Chairmanship of Hon'ble Member of the Council Dr. M.P. Nadagowda on 20-4-1995. This Committee submitted its report on 30th May, 1996. The above House Committee was constituted to formulate

the policy in the form of guidelines relating to the purchase of drugs and distribution to the Government Hospitals in the State.

The Chairman of the Official Committee impressed upon all the members that the recommendations which the Committee is going to give should be well within the guidelines already given by the House Committee in its report dated 30-5-1996. The Committee agreed with the views of the Chairman and it was felt that the report that the Committee gives would adopt broader guidelines already given by the House Committee.

The Public Health Care is the primary responsibility of the State Government. The Government has set up Health Institutions at Primary level, Secondary level and at Tertiary level to provide health care to the people. There are 1676 Primary Health Centres, 583 Primary Health Units, 176 General Hospitals, 249 Community Health Centres and Taluk Hospitals, 24 District Hospitals/Other Hospitals and 19 Teaching Hospitals. Apart from these Institutions, there are 8143 Sub-centres in the State where the focus is mainly on RCH activities and Preventive Health Care. The objective of the Government is to ensure that all the people, particularly the people below poverty line are given better health services. In order to achieve this, the State Government provides Drugs and Pharmaceuticals to the patients who are below poverty line free of cost. For meeting this objective, the Government provides required funds to the Department of Health & Family Welfare. However, on several occasions on the floor of the house, the Hon'ble Members have stated that sufficient drugs and required drugs in many hospitals are not available. There are occasions where public have also complained that the drugs are not properly made available in the hospitals.

The reasons for non-availability of drugs cannot be mainly attributed to the inadequacy of funds. What is required is proper management in purchase and supply of drugs to ensure availability of drugs in the hospitals. It is essential that the required drugs in sufficient quantity should be stored in all the hospitals during all the periods. Further it is not sufficient if the drugs are purchased and stored in a warehouse. It is necessary that the drugs, which are purchased, are properly distributed to all the institutions where the drugs are dispensed to the patients. For this purpose, it is necessary that the purchases are made at the appropriate time according to the demand and needs of the institutions. It is also necessary that the drugs purchased and issued are properly accounted at all levels by proper Inventory Control System.

In the present system of purchase and distribution, there are lot of gaps which need to be looked into in order to ensure that the system improves sufficiently to meet the requirements. There were occasions when the drug budget was not utilised even at the end of the financial year and the Finance Department was requested to give permission for keeping the amount in Personal Deposit Account of the Director, Health & Family Welfare.

In the present system of budgetary provision, 40% of the total drug budget is operated at the Directorate level and the balance 60% is released to the Zilla Panchayats and the institutions having 100 beds or more which are working outside the purview of

Zilla Panchayats for purchase of drugs. It is not the decentralised approach in the purchase of drugs, which is the primary cause for the improper management of drug procurement and distribution. It is the system, which needs to be totally revamped irrespective of the pattern of budgetary allocation and utilisation. The finalisation of Rate Contract for the drugs is delayed for various reasons which affects the procurement of drugs by Government Medical Stores and other institutions.

In addition to the purchase of drugs, the storage and distribution is also an important factor for ensuring the availability of drugs in all the institutions without any complaints. In the present system, the institutions irrespective of the distance are coming all the way to Bangalore to collect the drugs purchased by the Government Medical Stores out of the 40% of the budgetary provision. Sometimes, even if the drugs are available in the Government Medical Stores warehouse, the Medical Officers of the institution may be reluctant to go all the way to Bangalore and collect the drugs. Many a times, there will be communication gap between the institutions and the Government Medical Stores as the Department is still following the system of written indents and forwarding the same to the Government Medical Stores either in person or by post. This also results in delays. The indents are sent late to the Government Medical Stores, during the months of August, September and sometimes in the month of December also.

In the present system, there is no proper mechanism for checking quality of drugs. The Drug Controllerate finds it difficult for 100% sample checking from each batch of drug supplied to Government Medical Stores in view of inadequacy of Man Power, Laboratory Facilities and Funds. The Drug Controller and his Officers are giving good support for testing the quality of drugs, but this is not sufficient, as 100% testing has not been possible. This also requires proper attention, as 100% testing of drugs would ensure better quality of drugs that are supplied to the Government Institutions. As informed by some of the Administrative Medical Officers with whom the Committee interacted, testing of drugs purchased by Zilla Panchayat and major hospitals is not done.

With this in the background, the Committee has looked into the various aspects of the drug procurement, storage, distribution and testing of drugs.

Government Medical Stores, its set-up and functions

At present, the Government Medical Stores at Bangalore looks after the procurement and supply of drugs to all the Government Hospitals out of the 40% of the budget. It is headed by an officer in the cadre of Joint Director with support staff.

On close examination of the organisation, the Committee has observed that there is superfluous staff in Group 'C' and Group 'D' cadres. The total establishment charges of the Government Medical Stores on salaries alone comes to Rs.80 lakhs per annum. The Group 'C' officials do not have a definite job responsibilities. Similarly, Group 'D' also do not have sufficient work in the Government Medical Stores.

1. Identification of Drugs and its formulation:

As per the present procedure, on the basis of the recommendations of the Therapeutic-cum-Expert Committee, the Government Medical Stores identifies the drugs and formulation for purchase. It is the responsibility of the State Government to ensure that all essential life saving drugs and some of the desirable drugs are made available to all the institutions through out the year. The identification of Drugs with formulation is not an one time exercise. With the latest innovations in the field of medicines, the formulations keep changing. The Government cannot and should not continue with the list of same old drugs prepared one time. There is a need to look into the list of drugs with formulation atleast once a year. This will have to be done by a Committee of Doctors who have good knowledge of therapeutic value of the drugs. This Committee should have the Drug Controller as a member apart from the specialists. The WHO gives the list of essential and life saving drugs from time to time. It is necessary to keep the recommendations of WHO also while preparing the list of Drugs. The Government of India also prepares the list of drugs, which is called National Essential Drug list, which is of great use in the preparation of the list of drugs.

In this regard, it is appreciable that the Government Medical Stores has adopted a policy of purchasing drugs only in Generic names based on National and WHO essential drug list.

2. Procurement Procedures:

In the present system after Government gives approval to the list of drugs and for inviting Tenders for fixing Rate Contract, the Director, Health & Family Welfare Services issues Tender Notification in Newspapers and the Official Gazette.

As per the Terms and Conditions of the Tender Document, only Primary Manufacturers can participate. There is no provision in the Tender Document, which allows agents to participate in the Tender process. Among other Terms and Conditions, the GMP Certificate on the lines of WHO Resolution is mandatory for all

drugs. The Notification will indicate the details like the price of the Tender Document, the last date for issue of Tender Document and the last date for receipt of Tenders and opening of Tenders. The tender condition also specifies that all supplies should carry prescribed 'Logogram' on each unit pack.

The Tenders are opened in public by a Committee headed by an Officer not below the rank of Additional Director in the Department of Health & Family Welfare. In the present system, two envelope systems are followed. One envelope contains technical details and other required documents as per the Tender Documents. The second envelope contains price schedule. The tenders which do not conform to the Terms and Conditions of the Tender Document are rejected at the time of scrutiny after opening of the tenders. Along with the Tenders, the Tenderers should give sample of the drug offered by them. In the Tender Document, the quantity of drugs is not specified. The Tenderers are required to enclose a Demand Draft, for an amount of Rs. 50,000/- as Earnest Money Deposit along with his Tender Documents. The Tenderer can quote for one drug or for all drugs given in the Tender Document, but the Earnest Money Deposit remains the same irrespective of the number of drugs quoted by him. A copy of the Government Order constituting Therapeutic and Expert Committee is enclosed to this as Annexure II.

Then the Joint Director, Medical Stores with the assistance of his staff scrutinises and prepares statement of Tenders drug-wise. This statement is placed before the Therapeutic-cum-Expert Committee. This Committee looks into all details of tender, in respect of each drug and its formulations and makes suitable recommendations to be placed before the High Power Committee. The High Power Committee is headed by the Secretary to Government, Health & Family Welfare Department. The High Power Committee has officers from the Finance Department, the Drug Controllerate and Commerce and Industries Department as members. A copy of the Government Order constituting the High Power Committee is enclosed to this as Annexure III.

The High Power Committee takes decisions on the recommendations of the Therapeutic-cum-Expert Committee on each of the drug. On the basis of the High Power Committee decision, the Government issues the Government Order with the approval of the Health Minister and fix the Rate Contract.

Once the Rate Contract is fixed, it will be valid for a period of one year. The successful Tenderers will be notified with a request to give Security Deposit of Rs. 1 lakh, which includes Rs. 50,000/-, which is given as Earnest Money Deposit before the contract is signed. This amount of Rs. 1 lakh is an ad-hoc amount, which has no relation to the quantity and the number of drugs. Once the Agreements are signed with successful Tenderers, the Rate Contract Document will be released to all the Purchasing and Administrative Officers in the Department.

The Rate Contract is the source for purchase of all drugs by all Government Institutions of the Department. However, in respect of Antibiotics, which are manufactured by Karnataka Antibiotics and Pharmaceuticals Ltd., which is a joint

sector company of Government of Karnataka and Government of India. Government is purchasing the Antibiotics directly from Karnataka Antibiotics and Pharmaceuticals Ltd. without resorting to Tender Procedures.

3. Storage and Distribution of Drugs

Once the Rate Contract is issued, the institutions concerned will have to place their indents with the Joint Director, Government Medical Stores out of the budgetary provision of 40%. But the Joint Director, Government Medical Stores informed during discussion that all the Institutions do not send the indents in time. The Joint Director would not wait for the indents from all the institutions but places the Supply Orders with the firms on the basis of the previous year's supplies, in order to ensure that drugs are supplied to all the institutions.

The drugs, which are procured by the Government Medical Stores are stored in the Warehouse, owned by GMS at Bangalore. Even though a new building is constructed at Bangalore for the purpose of storing drugs purchased by Government Medical Stores, the space is totally inadequate considering the volume of drugs. Further, the storage facilities are not properly created in the Warehouse. In addition to this, depending on the indents received, the Suppliers are being directed to supply the drugs to the destinations (indenting agencies like District Health & Family Welfare Officers, District Surgeons and Teaching Institutions).

In respect of institutions like Primary Health Units and Sub-Centres and such other minor institutions, the Government Medical Stores do not ask for any indents from such institutions. They are following package system to these institutions on the basis of the drugs identified by the Committee and 100% requirement of these institutions is met by the Government Medical Stores only. These institutions get their annual requirement of drugs entirely from the Government Medical Stores. There is no separate budgetary provision for these institutions. These drugs are supplied once a year.

In the present system, supply is supposed to be made once a year to all the institutions. However, due to constraints like non-availability of drugs or non-availability of sufficient quantity of drugs, the institutions are being requested to lift the drugs 2-3 times a year depending on the stocks in the Government Medical Stores.

There is no transport facility provided by the Government Medical Stores. The responsibility of arrangement of transport is entirely with the indenting institutions. For supply of drugs to the indenting institutions, no schedule is followed. As and when the institutions come to the Government Medical Stores with the indent, depending on the availability of drugs, the drugs are supplied. Further if a particular drug mentioned in the indent is not available, the authorised official who is deputed by the indenting institution has discretion to change the indent depending on the availability of drugs in the Government Medical Stores.

4. Staff

The composition of the existing staff with their Duties and Responsibilities working in the Government Medical Stores is enclosed to this report as Annexure IV and V. At present there are large number of clerical staff and Group 'D' officials who are working against the sanctioned posts. At present, all the clerical staff working in the Government Medical Stores are attending to the work of issue of supply orders, receipt of drugs, issue of drugs, collection of vouchers and payment to the suppliers. With computerisation, the clerical staff could be reduced significantly. Similarly, the Group 'D' staff working in the Government Medical Stores could be reduced if the District level Warehouses are established for storage and supply of drugs. The expenditure on the establishment of Government Medical Stores appears to be on higher side as could be seen from the Statement of Expenditure furnished by the Joint Director, Government Medical Stores. An extract of the Expenditure Statement as furnished by the Joint Director is enclosed to this as Annexure VI.

5. Supply of Drugs from Government Medical Stores to the Medical Institutions

The Medical Officer (Packing yard) in the Government Medical Stores is responsible for the scrutiny of the indents received from the Medical Institutions and supply of Drugs as per budgetary provision. After the indents are approved by the Joint Director, respective stores issue the Drugs which are packed and given to the official of the institution authorised for taking the Drugs. The two Chief Pharmacists and two Graduate Pharmacists with the assistance of clerical staff manage the issue of drugs to the indenting institutions.

6. Inventory System

In the present Inventory System, as soon as the drugs are brought to the Government Medical Stores by the Supplier, the Invoice will go to the Joint Director who will examine the Invoice and send it to the Chief Supervisor (Medical). The Chief Supervisor will verify the Invoice with reference to the Supply Order given and send it to the Chief Pharmacist for further action. Before sending the drugs to the stores, the Chief Supervisor will take the samples and verify the samples with reference to the specifications, packing, date expiry, etc. He would also verify the certificate of testing of drugs produced by the supplier. He will record on the certificate given by the supplier and takes it into his file. He would endorse the same on the invoice. On the basis of this, the Chief Pharmacist who is in-charge of the stores will accept the drugs and take the same to the Stock Registers maintained in different stores depending on the type of drug after due verification. Thereafter the bills are processed for making payment to the suppliers.

In the present Inventory System, the Government Medical Stores is maintaining the following Registers:

1. Receipt Book	- Drugs received register
2. Day Book	- Goods receipt Register
3. Stock Ledger	- Stock of drugs received and issued in respective stores (A, B, C & D Stores)
4. Indent Registration Register	- DNs registration is done
5. Expiry Date Register	- Register of date of expiry of drugs
6. BIN CARDS	- Day to day issues are entered and stock balance at the end of the day is mentioned

7. Quality Control Mechanism of Drugs

For the purpose of ensuring Quality of Drugs supplied to the Government Hospitals, it is essential that the quality is tested for each batch of drugs supplied by the suppliers. In the present system, the suppliers who supply the drugs give certificates regarding the quality of drugs supplied along with the Invoice. The Drug Controllerate is the agency for ensuring proper Quality Control Mechanism in respect of the drugs purchased by the Government. At present, the Drug Controllerate Inspectors draw sample from the stock maintained at Government Medical Stores and send them to their laboratory for analysis. The Drug Controllerate staff and the laboratory facilities are inadequate to ensure the drawal of samples from each batch of the drugs supplied. Further, there is only one laboratory with limited facilities both in terms of Manpower and equipment for immediate testing and analysis of drugs. As a result of this, the Inspectors draw samples on a random basis and send the samples for analysis to their laboratory. The data collected from the Government Medical Stores regarding the number of tests conducted during the period from August 1999 to February 2000 shows the inadequacy of the existing Manpower and testing facilities in the Drug Controllerate for drawal of samples and testing. A total number of 39 samples were tested and analysed during the above period. If the system were to be effective, atleast there would have been a minimum of 400-500 samples drawn and subjected to analysis. In the present system, it takes a minimum of 4-5 months to get the results after the sample is drawn. In an ideal condition, it should not take more than 2-3 weeks. This data as discussed above regarding the samples drawn and tested is only in respect of the drugs purchased and supplied by Government Medical Stores. Apart from this, the District Health & Family Welfare Officers based on the Rate Contract fixed by the Government, purchase the drugs. Further, considering the needs, the District Health & Family Welfare Officers purchase the drugs not included in the Rate Contract but approved by the District Committee. The data on the number of samples drawn from the drugs purchased by the District Health & Family Welfare Officer and other medical institutions out of the 60% budgetary provision is not available. But during discussion with some of the Administrative Medical Officers of the hospitals and the District Health & Family Welfare Officers, it was revealed that

rarely the samples are collected and sent to the laboratory by the Inspectors of the Drug Controllerate for analysis.

The Government of Karnataka have already accepted the policy of purchase and supply of drugs in blister/strip packing. The concept of bulk packing in which tablets, capsules are put in a container has been given up by the Government. But in spite of this, there are some instances observed by the Committee Members during their visit to the hospitals that some of the drugs are still purchased in bulk packing. This would result in pilferage/wastage of drugs in addition to quality problems.

8. Purchase and Distribution Procedures followed by Zilla Panchayats

As per the present policy of the Government, out of 60% of the budget for drugs in respect of the Institutions coming under the Administrative control of Zilla Panchayats and the hospitals with 100 beds and above coming under the administrative control of the Director of Health & Family Welfare, the purchase is done by the District Health & Family Welfare Officers and District Surgeons/Administrative Medical Officers respectively. Like the Therapeutic-cum-Expert Committee at the State level, there is a Committee at the District level. This Committee is chaired by District Health & Family Welfare Officer with few specialists drawn from the hospitals in the District as members. In some districts, this Committee is chaired by Chief Executive Officer of the Zilla Panchayat with District Surgeon, District Health & Family Welfare Officer and other specialists as members. This Committee looks into the needs of the hospitals in their District. On the basis of this, a list of drugs is prepared with formulations. The District Health & Family Welfare Officer compares the list with the Rate Contract finalised by the State Government. If the drugs recommended by the Committee are included in the Rate Contract, the District Health & Family Welfare Officer purchases those drugs on the basis of the Rate Contract. In respect of the drugs for which Rate Contract is not finalised by the Government but included in the list prepared by the District Committee, the officers explore the possibility of purchasing such drugs from the Public Sector Undertakings for which the rates are fixed by the Government.

However, if there are any drugs finalised by the Committee for which Rate Contract is not available and they are also not available in Public Sector undertakings, such drugs are purchased as per General Purchase Rules. In respect of such drugs, the District Health & Family Welfare Officer prepares the quantity of each drug with formulation and places before the Health Sub-Committee of the Zilla Panchayat. After approval given by the Committee, the proposals are placed before the Purchase Committee and then General Body of the Zilla Panchayat for final approval. On the basis of the approval given by the Zilla Panchayat, the Chief Executive Officer gives orders to the District Health & Family Welfare Officer for purchase of drugs. Even in respect of the drugs for which Rate Contract is finalised by the Government or in respect of the drugs purchased from the Public Sector undertakings, before the supply orders are given, the same procedure is followed before the supply orders are given by the District Health & Family Welfare Officer.

The responsibility of assessing the requirement of drugs for all the institutions excluding the hospitals with 100 beds and above in the District is with the District Health & Family Welfare Officer. The District Health & Family Welfare Officer should take into consideration, the utilisation of drugs in the previous years and request the institutions to give an indent for the supply of drugs. At present in some of the districts, this system of taking indents from the institutions is not followed. As a result of this, some institutions may get drugs, which are not required, or the quantity may be in surplus or in deficit. Further, the District Health & Family Welfare Officers in some Districts purchase the same drugs which are purchased by the Government Medical Stores, out of the Zilla panchayat budget (60%) for drugs. As a result of this, some of the drugs may be purchased in surplus quantities and some drugs may not be available at all.

- The District Health & Family Welfare Officer stores the drugs in the office of District Health & Family Welfare Officer. Then, the District Health & Family Welfare Officer gives the allotment order indicating the name of the drug and quantity to each of the institution based on the budget available for that institution. As observed during the visit of the Members of the Committee to some of the hospitals, the Medical Officers of the institution have very little discretion in identifying the type of drug and the quantity required for their institution. In the office of the District Health & Family Welfare Officer, there are no sanctioned posts of Pharmacists. The entire process of receipt, storage and distribution of drugs is managed by the clerical staff who do not have adequate knowledge about the drugs, their formulation, the storage requirement, etc. As a result of this, many a times due to improper storage of drugs, there is wastage of drugs. There are also instances where the drugs required by the Institutions in a particular taluk are stored in Taluk Hospital and Taluk Medical Officer is directed to supply the drugs to the institutions in that Taluk.

Deficiencies in the present system in the Procurement and Distribution of Drugs are:

- ✓ Timely finalisation of list of drugs, tender process and finalization of Rate Contract not being done.
- ✓ Quantification of each drug in the tender process not done due to non-receipt of requirements of drugs from all indenting institutions in the State.
- ✓ At present, the Director of Health & Family Welfare Services is totally responsible for the procurement of Drugs. As he is a very busy functionary, the required attention is not possible to be given by him.
- ✓ Rate Contract finalisation is moderately delayed due to which there is delay in procurement and supplies.
- ✓ Purchase of drugs by the Government Medical Stores is always delayed due to non-receipt of requirements from the indenting institutions.
- ✓ Manual inventory system followed presently by Government Medical Stores has added to the delay process both in procurement and distribution of drugs.
- ✓ Inadequate storage facilities in the new Government Medical Stores Warehouse at Bangalore.

- ☛ Procurement of Drugs by Zilla Panchayats done mostly towards the end of the financial year.
- ☛ Since each district has its own Committee to identify the drugs, there is no uniformity.
- ☛ All required drugs are not covered under Rate Contract.
- ☛ Delay in release of budget to the District Surgeons and other institutions.

Drugs and Pharmaceuticals Procurement, Storage and Distribution System existing in Tamilnadu

The Members of the Committee visited Tamilnadu in order to discuss with the officers of the Tamilnadu Medical Corporation Ltd., Chennai to interact with them and to understand the system of Procurement, Storage and Distribution of Drugs and Pharmaceuticals followed in their State. The members of the Committee held discussions with the Managing Director of the Corporation, other senior officers of the Corporation on the management system followed for Drugs and Pharmaceuticals. Thereafter the Committee visited the Drug Warehouse at Chennai and District Warehouse at Kanchipuram. The members of the Committee also visited a Taluk Level Hospital at Sri Perambadur and a Primary Health Centre at Perandur in Kanchipuram District.

The discussion with the Managing Director were useful as the Committee Members raised many issues during the discussion. Tamilnadu Medical Corporation was founded by the Government of Tamilnadu in the year 1994. This was registered under Companies Act. When the Corporation was formed, initially there was resistance from the Medical fraternity as the Corporation was headed by an Officer from Indian Administrative Service. Over a period of time, the differences have been sorted out and the Corporation has been delivering goods to the people in an effective way.

The structure of the Corporation is as follows:

The Corporation has a Board of Directors headed by the Secretary to Government, Health & Family Welfare Department. An officer from the All India Services is the Managing Director of the Corporation. The other Members of the Board are Director of Medical and Rural Health Services, Director of Medical Education, Director of Public Health & Preventive Medicine, Director (Drugs Control), Special Secretary, Finance and Chief Engineer, Public Works Department.

The Managing Director of the Corporation is assisted by an Engineer, Administrative Officer, Accounts Officer, Manager (Quality Control), Manager (Purchases), Senior Regional Managers and Consultants. The entire process of purchase is centralised and for emergency purposes, 10% of the drug budget is given to the institutions concerned. Following the WHO essential drug list and National essential drug list of 1996, the essential, life saving drugs and other desirable drug lists have been prepared by the Corporation. These lists are updated every year on the basis of the Committee's recommendations. They have standardised Tender Documents and the process of purchase is initiated well in advance by finalising the drug list and fixing the Rate Contract. They are purchasing the drugs only from the Primary Manufacturers and they insist on Product GMP. But they are not strictly following the requirement of WHO GMP. The entire budget required for purchase of drugs to the Government Institutions is placed at the disposal of the Corporation. This amount is operated through Bank Accounts.

The Tamilnadu Medical Corporation for the purpose of storage and distribution have established District Warehouses in all the 23 Districts. The Tamilnadu Medical Corporation has 12 buildings (warehouses) of its own and in the remaining places, they have taken the buildings on rental basis from State Warehousing Corporation. Only in respect of newly formed Districts, the Warehouses are yet to be established. The newly formed Districts are getting their drugs from the head quarters Warehouses of the undivided District. The Tamilnadu Medical Corporation has computerised the Inventory Control on the supply of drugs to the Warehouses, stock position of drugs, payment to the suppliers and transfer of stock from one Warehouse to another Warehouse. There is a networking of computers and each Warehouse has been given a computer with a computer operator. In the head office of the Tamilnadu Medical Corporation, there are 4 Computers with Computer Operators. The District Warehouses are totally independent of the District Hospital. They are located outside the hospital premises and the management of the District Warehouses is done by a pharmacist. The Tamilnadu Medical Corporation Officers visit these District Warehouses to supervise and monitor the activities. Further there are four Regional Officers who are working under the Administrative control of Managing Director of the Corporation, exclusively supervising and monitoring the activities of the District Warehouses. These officers are on deputation from Tamilnadu Revenue Service and they are made mobile.

Once the Tender process is initiated, the rates are approved by the Board of Directors. While notifying the drugs required during a particular year, the quantity for each drug is mentioned. They have standardised the quantity for each drug over a period of time. This is helping them in getting more competitive rates, as the Primary Manufacturers know the quantity that is required to be supplied by them during the year. This has also helped in ensuring the availability of the drugs in required quantity throughout the year.

The formalities relating to fixing of Rate Contract for all the drugs required to be procured would be completed well in advance by the Corporation. The Corporation gives Supply Orders to the manufacturers indicating the quantity to be supplied to all the District Warehouses over a period of one year. The manufacturers will have enough time to manufacture the drugs and supply the same to the District Warehouses. On each tablet/capsule, the logo of the Government is stamped. Similarly on the strips also, the logo of the Government is printed along with other details like Government Supply, etc.

As soon as the drugs are supplied to the District Warehouses, on the basis of orders placed by Tamilnadu Medical Corporation, the pharmacist in-charge of the District Warehouse verifies the drugs that are supplied with reference to the Supply Order and takes it to the Stock. The receipt of drugs and taking them to the Stock is communicated within 24 hours from the time of supply to the Head Office on Email. This is followed by sending of hard copy of the Vouchers given by the suppliers wherein Stock Certificate is recorded by the respective officers in-charge of the Warehouses. This would ensure that the acknowledgement and the Stock Certificate are received by the Head Office within 48-72 hours from the time of supply of the drugs. The suppliers are given the payment within 48 hours at the Head Office from the time of receipt of the Stock Certificates. This

is very important as the system has built in better confidence among the manufacturers/suppliers regarding quick payment for the product supplied by them.

The Inventory System of Management of Drugs given at District Warehouses is completely computerised. The officers in the Head Office would know the Stock position of each and every drug in all the District Warehouses. Similarly, the Pharmacist in-charge of a District Warehouse is also aware of the stock position of drugs in the other District Warehouses. This has helped in proper management of drugs. For ex. if there is an urgent requirement of a particular drug in a District Warehouse and if that drug is not available, the Head Office will give directions to the District Warehouses where that particular drug is in surplus quantity to transfer certain quantities of drug to the District Warehouses where it is needed. These directions are given on Email and as a result without loss of time, the shifting of drugs from one District Warehouse to the other District Warehouse is ensured.

The Institutions where the drugs are actually dispensed to the patients are given a Pass Book for management of drugs. These Pass Books are printed in Duplicate. One copy is maintained by the Institution and the other copy is maintained at the District Warehouse from where the Institution indents drugs. These Pass Books are printed and given every year to all the Institutions. In each Pass Book, the total value of the drugs that the Institution would get during that year is indicated. In respect of Primary Health Centres, the list of drugs is also given. Normally, the Primary Health Centers are expected to indent the drugs from the list. However, depending on the circumstances, the Primary Health Centres are also given the drugs outside the list on specific requests made by the Primary Health Centre Medical Officer and approved by the Deputy Director of the District. This arrangement has helped the Primary Health Centers to go only for the essential and useful drugs that are normally required in a Primary Health Centre depending on the morbidity pattern and the previous experience. For Primary Health Centers, the drugs are supplied on the basis of indents given by the Medical Officers once in 3 months. However, in emergencies, additional supplies are also made depending on the indents made by the Primary Health Centers Medical Officers.

Other than Primary Health Centres, the hospitals like Community Health Centers, Taluk level Hospitals and District Level Hospitals indent the drugs every month from the total list of drugs that is approved by the Tamilnadu Medical Corporation. These institutions are also given Pass Books and the Pass Book value is mentioned. The indent by the institution is sent atleast 10 days in advance and in the same letter, the date on which the official from the hospital visits the District Warehouse for the purpose of lifting the drugs is also indicated. On that particular day, the official goes to the District Warehouse. The Drugs indented by the hospital are entered in the Pass Book of the hospital and also in the Pass Book maintained at the District Warehouse. The signature of the official who receives the drugs is obtained on the Pass Book maintained at the District Warehouse.

Normally, the drugs are transported in the vehicles belonging to the indenting hospital. However, each District is given a separate budget to meet the transportation charges in case it is necessary.

All the drugs are stocked in the District Warehouses. However, in view of the restrictions and legal problems, certain drugs like Pethadin, Morphine, etc. are procured and stored only at the District Warehouse, Chennai. From this District Warehouse only, these medicines are sent by Registered Post and the requirement of all the hospitals in the entire State is met.

Even though for each hospital including the Primary Health Centre, a Pass Book value is mentioned for the purpose of indenting the required drugs during the year, it is not restrictive to go for additional drugs. Once the Pass Book value is exhausted, depending on the additional requirements, the Deputy Director at the District level and the Director at the State level give additional budget to the hospitals who are in need of it. Once the additional budget is allotted, the same is mentioned as an additional value in the Pass Book. With this entry of additional budget in the Pass Book, the hospitals can continue to indent drugs from the District Warehouse. There is no ceiling as such for the purpose of supply of drugs. However, the additional budget provision is made by the Deputy Directors and the Director within the overall budgetary provision for the purchase of drugs. The discussion with the officers revealed that this budget is sufficient and there have been instances of savings in the drug budget, which has been used for other useful purposes by the Tamilnadu Medical Corporation. The total budget that is provided by the State of Tamilnadu for purchase of drugs and other minor surgical items is Rs. 100 Crores (approx.). The entire amount excluding 10% is given to the Tamilnadu Medical Corporation. The 10% of the budget is given to all the Institutions in the State depending on their drug budget and this amount is used by the Administrative Medical Officers of the hospitals for purchase of emergency drugs. Further, sutures and minor surgical instruments that are required in the hospital are purchased by the respective hospitals only depending on the requirement following the Rate Contract fixed by the Tamilnadu Medical Corporation.

Inventory Control System of Tamilnadu

The drug receipts, expenditure records and registers of Tamilnadu Medical Corporation have been fully computerised. The District Warehouses are also computerised and connected to Head Quarter office. The required Software along with the hardware have been supplied to all the District Warehouses.

Quality Control

Tamilnadu Medical Corporation has established a good Quality Control Mechanism. Each batch of drug that is supplied by the Suppliers is subjected to Quality Control. This has been made possible by the Tamilnadu Medical Corporation as they have accredited private laboratories within the State and outside the State for the purpose of testing and Quality Control. For accrediting the Private Laboratories, they follow the

system of inviting applications from the laboratories interested in providing this type of service. After examining the capabilities of the laboratory in terms of the equipment and manpower, the private laboratories are accredited and listed for the purpose of sending samples of drugs to them. For each test to be conducted, a rate is also fixed by the Corporation.

Once the drugs are received at the District Warehouse, a designated official draws the sample and the same is sent to the District Warehouse located at Chennai. A separate Department is established at District Warehouse, Chennai where qualified chemists take care of processing for the purpose of Quality Control. The identity of the sample is masked through coding system and random selection of the commodity in that batch is made by the Computer. They are following this in order to avoid duplication of testing of the drug in the same batch. After preparing the sample, the same is sent to an accredited laboratory, which is chosen in random. The laboratory would give the test reports within 10 days for non-sterile tests. In respect of biological tests, the laboratory takes 20 days and thereafter the test report is immediately given. If the test report indicates that the drug is not of standard quality, immediately the stocks would be frozen at the District Warehouses through Email. Simultaneously, action will be taken to send the sample to two accredited laboratories. If the results of one of the two tests confirms that the drug is not of standard quality, action will be taken to blacklist the firm and no payment will be made towards the supplies already made. As the Drug Controller is the Regulatory Authority under Drugs and Cosmetics Act, 1940 immediately the Drug Controller will be informed to take necessary steps as provided under the Act.

However, two laboratory reports shows that the drug is of Standard Quality, the stock will be accepted. Manufacturers of Sub-standard quality will be black listed for 5 years and further action will be taken by the Drug Controller under Drugs & Cosmetics Act, 1940. For conducting tests of each batch as it involves large amount of money in private laboratories, an amount of 1.5% of the invoice value is charged as handling charges on the supplier and the same is paid to the private laboratories.

Recommendations of the Committee

Government Medical Stores, its set-up and functions

1. Recommended Organisation Set-up:

The Committee strongly feels that there is a need to re-structure the entire organisation at the first instance in order to have a small and compact establishment with computerisation to take care of the functions of the Government Medical Stores. On detailed discussions, Committee has proposed the following organisational set-up for Government Medical Stores.

- It should be headed by an officer of the rank of Additional Director and he should report directly to the Commissioner, Health & Family Welfare.
- The Additional Director will have the following support staff: *(Pharmacy background)*
 - (a) There should be an independent Accounts Officer to take care of the accounting expenditure and of the budget of the Government Medical Stores in total. The Accounts Officer should be assisted by an Accounts Superintendent, two First Division Assistant and one Second Division Assistant. The Accounts Officer and Accounts Superintendent should be on deputation from the State Accounts Department.
 - (b) There should be an officer in the cadre of Joint Director/Deputy Director with Pharmacy background to assist the Additional Director in technical matters.
 - (c) There should be one Gazetted Assistant/Lay Secretary to take care of the office administration with the minimum clerical staff. It is recommended to have one Office Superintendent, three First Division Assistants and four Second Division Assistants. There should not be more than six Group 'D' employees in the office of the Government Medical Stores excluding few Group 'D' in the District Warehouse at Bangalore.
 - (d) The Additional Director should be supported by atleast 5 Computer Operators in the Head Office with required Hardware and Software.
 - (e) There shall be an independent Quality Control Wing to work under the overall superintendence of Additional Director. This Quality Control Wing will have one Chief Pharmacist assisted by a Graduate Pharmacist/Sr. Pharmacist. The Quality Control Wing will have one First Division Assistant to assist the Chief Pharmacist. There should be two Group 'D' in the Quality Control Wing.

(f) There should be one Computer Operator with required Hardware and software exclusively to the Quality Control Wing.

2. Recommended functions for proper management of the Government Medical Stores:

The Additional Director should be fully responsible for proper management and functioning of the Government Medical Stores. The entire staff working in the Government Medical Stores will work under the overall superintendence of the Additional Director. The Additional Director shall report directly to the Commissioner, Health & Family Welfare for all matters including the establishment matters.

The Additional Director should be fully responsible for initiating steps for convening the meetings of various Committees like Therapeutic Committee, Tender Evaluation Committee and Empowered Committee in order to ensure that the Rate Contract is fixed well in advance before the commencement of the Financial Year. The Additional Director should be responsible for proper quantification of each drug based on the requirement in the hospitals both for Government Medical Stores supply and purchase out of Zilla Panchayat funds. The Additional Director should ensure that the supply orders are given to the Suppliers well in advance in order to make sure that the drugs are stocked in adequate quantity for the requirement of 3 months in the District Warehouses. The Additional Director should be responsible for transfer of excess stock of drugs from one District Warehouse to another District Warehouse depending on the requirements.

The Additional Director should be responsible for ensuring testing of drugs for quality and it shall be the responsibility of the Additional Director to take such measures over a period of time for establishing mechanism for testing of drugs in each batch for quality. The Additional Director should be responsible for settling the bills and making payments without loss of time to the suppliers.

Recommended job responsibilities of the officers in the Government Medical Stores is enclosed to this as Annexure VII.

3. Recommended Committees for Procurement and Management of Drugs:

It is recommended that the following Committees shall be constituted for procurement and proper management of drugs.

1. Therapeutic Committee: This Committee shall be headed by the Director, Health & Family Welfare Services with the following members:

1. Director, Medical Education	Member
2. Project Director, RCH	Member
3. Additional Director, Primary Health Care	Member
4. One Professor each from the field of Medicine, Surgery, OBG, Paediatrics, Ophthalmology, ENT, Orthopaedics, Anaesthesia, Psychiatry.	

Dental, Dermatology, Radiology, Pharmacology	Member
5. Drug Controller	Member
6. Additional Director, Government Medical Stores	Member
7. Joint Director/Deputy Director (Pharmacy), GMS	Member Secretary

Functions and Responsibilities of the Committee

- ✓ The Committee shall meet atleast once a year during the month of August-September to review and finalise the existing drug list and formulations.
- ✓ The Additional Director, Government Medical Stores shall place before the Committee any requests or suggestions received from the peripheral hospitals and the Committee shall look into such requests or suggestions and give its recommendations.
- ✓ During the course of the year, if there are any specific complaints about any drug and its formulations, adverse reactions, adverse reports given by the Drug Controller, need from the hospitals, the Committee will look into such complaints and reports and recommend suitable remedial measures to eliminate such products from procurement by referring the matter to the appropriate authorities.
- ✓ Any other responsibilities given by the Government from time to time.

2. **Tender Evaluation Committee:** The Tender Evaluation Committee shall be headed by an officer of the rank of Additional Director/any other Senior Officer of the Health & Family Welfare Department to be appointed by the Government for the purpose. The other members of the Committee shall be as follows:

1. Chief Accounts Officer-cum-Financial Adviser. Directorate of Health & Family Welfare	Member
2. Additional Drug Controller/Deputy Drug Controller	Member
3. Joint Director (Medical). Directorate of Health & Family Welfare	Member
4. Joint Director (Medical Education)	Member
5. Joint Director/Deputy Director (Pharmacy), Government Medical Stores	Member Secretary

Functions and Responsibilities of the Tender Evaluation Committee

- ✓ The Tender Evaluation Committee should prepare the Tender Document immediately after the drug list is approved following the schedule of procurement.
- ✓ The Tender Evaluation Committee should open the Tenders on the specified day and draw up the Minutes of the Tender opening.

- ✓ The Tender Evaluation Committee following the Terms and Conditions of the Tender should evaluate the Tenders both for Commercial and Technical aspects and make suitable recommendations in the form of Proceedings for each drug 'package'.
- ✓ The Tender Evaluation Committee should submit the recommendations along with the Documents to the Additional Director, Government Medical Stores to be placed before the Empowered Committee.
- ✓ The clerical assistance, computer assistance and any other assistance for the purpose of evaluation of Tenders shall be provided by the Additional Director, Government Medical Stores.
- ✓ Any other responsibilities entrusted by the Government/Commissioner, Health & Family Welfare.

3. Empowered Committee: The Committee recommends constitution of an Empowered Committee under the Chairmanship of the Commissioner, Health & Family Welfare with other members as follows:

1. Secretary to Government, Finance Department	Member
2. Secretary to Government, RDPR Department	Member
3. Secretary to Government, Medical Education Dept.	Member
4. Director, Health & Family Welfare	Member
5. Director, Medical Education	Member
6. Drug Controller	Member
7. Project Administrator, KHSDP	Member
8. Project Director, RCH	Member
9. Additional Director, Government Medical Stores	Member Convenor

Functions and Responsibilities of the Empowered Committee

- ✓ The Empowered Committee should examine the recommendations of Tender Evaluation Committee in respect of each and every drug and finalise the same following the calendar of events in order to ensure that the Rate Contract is fixed well in advance.
- ✓ The Empowered Committee should review the procurement, distribution, stock of drugs etc. atleast once in three months to ensure that there is no shortage of drugs.
- ✓ The Committee should also oversee the process as such regarding the procurement of drugs in order to ensure that the time schedule is strictly followed.

4. Recommended steps for identification and quantification of drugs:

At present, when Tenders are issued for fixing the Rate Contract, the quantity of the drug to be supplied for the contract period by the supplier is not mentioned. The suppliers will not know the actual quantity of drugs he will have to supply during the period of contract. As a result of this, on many occasions, the manufacturers have failed to supply, when suddenly large quantities are required to be supplied. The quantity of drugs required to be supplied by the Manufacturer should have direct relation to the manufacturing capability and this should be fixed in the performance criteria.

As regards the quantity, it may not be possible to standardise in one year. During the discussion with the Tamil Nadu Medical Corporation officers, it was revealed that they have been able to standardise the quantity in respect of each drug over a period of 5-6 years. In the Tender Document, a provision could be made for varying the quantity by 25% of the total quantity indicated in the Tender Document depending on the estimated requirements. This would give a required cushion to either reduce the quantity or increase the quantity depending on the actual requirement and consumption. Once the quantity is identified, it would ensure better competition and the companies will also be prepared to supply the required quantity at periodical intervals.

It is essential to list out the drugs that will have to be procured under Rate Contract and for local purchases in urgencies. The identification of drugs by generic names is essential in order to avoid purchase of certain medicines outside the Rate Contract by the purchasing institutions. Government should give clear directions that no drug outside the list should be purchased without the specific approval by the Government Medical Stores. The preparation of the drug list by the Government Medical Stores is equally important and revision of the drug list every year by the Therapeutic Committee is very important. The committee has prepared a list of drugs which is enclosed to this as Annexure VIII. The Committee has observed that the number of drugs required in Primary Health Centers is limited. It is not necessary to supply all the drugs to the Primary Health Centres. During discussions with the Tamil Nadu Medical Corporation, it was revealed that they have prepared a smaller list of drugs for supply to Primary Health Centers. Following the pattern of Tamil Nadu Medical Corporation and considering the requirement of drugs in Primary Health Centres, a separate list is prepared and enclosed to this as Annexure IX. The list of drugs enclosed to this report are not exhaustive. The Therapeutic Committee can always look into these lists and make suitable modifications.

5. Procurement of Drugs:

For proper management and distribution of drugs, it is necessary to have a fixed schedule for procurement of drugs. For this purpose, steps should be taken to have calendar of events for all the activities. The Committee recommends the following schedule from the stage of preparation of list upto fixing of Rate Contract.

- Preparation of list of drugs with formulations and quantities - to be completed by the end of August.
- Approval of the list of drugs and quantities by the Empowered Committee - to be completed by 15th September.
- Finalising the Tender Documents and its approval by the Empowered Committee on the recommendations of Tender Evaluation Committee - to be completed by 15th October.
- Issue of Notification inviting Tenders giving a minimum of 45 days by the Additional Director, Government Medical Stores - to be completed by the end of November.
- Opening of Tenders by the Tender Evaluation Committee - to be completed by 15th December.
- Evaluation of Tenders and making suitable recommendations by the Tender Evaluation Committee - to be completed by the end of January.
- Final approval of the recommendations of the Tender Evaluation Committee by the Empowered Committee - to be completed by the end of February.
- Issue of Government Order fixing the Rate Contract - to be completed by the end of March.

6. Actual Tender Process:

In the purchase of drugs by the Government Medical Stores, action has been already taken for ensuring better quality drugs. They are insisting on WHO GMP and other conditions like supply by primary manufacturers, strip packing, labelling on the strips and tablets/capsules mentioning it as Government Supply-Not for sale, etc. As it is proposed to quantify the drugs at the time of initiating the procurement itself, the EMD should be worked out on the total value of each drug and a percentage of that may be fixed as EMD. The present Tender Document may be suitably modified by the Tender Evaluation Committee if necessary in consultation with the officers of KHSDP. The present system of rejecting the incomplete tenders at the time of tender opening may be continued as the tender opening is done in public.

Once the tenders are opened by the Tender Evaluation Committee, the Tender Evaluation Committee should immediately take steps for detailed evaluation of tenders and make suitable recommendations following the time schedule to the Empowered Committee. The Empowered Committee will examine the recommendations of the Tender Evaluation Committee and give approval to the recommendations of the Tender Evaluation Committee with suitable modifications if any. Based on this, the Additional Director will submit the proposals to the Government for its approval and issue of Rate Contract. Once the Rate Contract is approved by the Government, the Rate Contract Booklets should be made available to all the District Health & Family Welfare Officers, District Surgeons and other Administrative Medical Officers including Taluk Health Officers.

7. Procurement and Distribution Mechanism of Drugs

The Committee recommends the establishment of District Warehouses in all the Districts and storage of drugs in the District Warehouses. These District Warehouses should be directly under the control of the Government Medical Stores. At present, there are no suitable godowns readily available in the premises of the District Hospitals. Further, it should be better if the Warehouse is away from the hospital premises. The Karnataka Warehousing Corporation has built Warehouses in all the Districts. Till permanent structures are built for warehouses by the Department of Health & Family Welfare, the Warehouses of the Karnataka Warehousing Corporation can be taken on rental basis. If the warehouses of the Karnataka Warehousing Corporation are not available, the warehouses of other Central and State statutory bodies or private warehouses could be taken on a temporary basis. An area of 5,000 sq. ft. is proposed with all necessary storage facilities including furniture and equipment like refrigerators, Deep freezers, etc. Efforts should be made to make the warehouse rodent free by proper screening of the building. The District Warehouse should be managed by a Chief Pharmacist/Graduate Pharmacist assisted by a Senior Pharmacist. There should be 4 Group 'D' employees and a Computer Operator with necessary Hardware and software.

However, efforts should be made to have a warehouse built in each District following the type design adopted by Tamilnadu Medical Corporation. If Government can provide funds under Externally Aided Projects like Karnataka Health Systems Development Project, immediate action may be taken towards the construction of District warehouses. Efforts should be made for providing Racks as per the standards recommended by the Drug Controllerate for proper storage of drugs.

8. Distribution of Drugs to the hospitals:

The Committee recommends introduction of Passbooks on the pattern of Tamilnadu Medical Corporation for distribution of drugs to hospitals from the District Warehouses. The Passbook should be maintained in Duplicate, one in the custody of the Administrative Medical Officer and one should be retained at the District Warehouse. This would help the Administrative Medical Officers of the hospitals to properly indent the drugs required by them periodically without unnecessarily stocking the drugs in the hospital. For the purpose of transportation, the Administrative Medical Officers can make use of the vehicles, which are available in the hospitals/Primary Health Centers and with Taluk Health Officers. The passbook should be carried by the official who goes to the District Warehouse for taking the drugs. The pharmacist in-charge of the District Warehouse should verify about the attestation done by the Administrative Medical Officer on the previous supplies taken by the hospital. The authorised official of the indenting institution should also sign on the duplicate, copy of the pass book maintained in the warehouse for having received the drugs.

9. Inspection of District Warehouses:

The entire staff of the District Warehouse should be answerable to the Additional Director and the other senior officers of the Government Medical Stores. The senior officers of the Health Department like Commissioner, Director, Additional Directors and Divisional Joint Directors should inspect the District Warehouse during their visit to the Districts.

The Divisional Joint Directors within their respective jurisdiction should visit the District Warehouses periodically and send their inspection reports to the Commissioner, Health & Family Welfare with a copy to the Additional Director, Government Medical Stores.

The District Health & Family Welfare Officers and the District Surgeons should periodically inspect the District Warehouse located in their jurisdiction and send their inspection notes to the Additional Director, Government Medical Stores.

The Additional Director, Government Medical Stores with the approval of the Commissioner, Health & Family Welfare should organise yearly/half-yearly stock verification of all the warehouses through the District Health & Family Welfare officers. While doing so, he should ensure that a District Health & Family Welfare Officer of one District will conduct the Annual Stock Verification of a neighbouring District Warehouse and not the jurisdictional District Warehouse.

10. Licensing requirements for distribution of drugs

Institutions/Hospitals/Stores engaged in the distribution of drugs to other Institutions/Hospitals/Stores have to obtain wholesale licence under the provisions of Drugs and Cosmetics Rules.

Wholesale Licence is granted in Form 20B, 21B and 20G which will cover all categories of drugs that may be stored. The pre-conditions for the grant of licence under the Drugs and Cosmetics Rules are:

1. The area of the building where the drugs are stocked should not be less than 15 sq. mts.
2. The distribution shall take place under the supervision of a Registered Pharmacist.
3. Adequate and suitable storage facility such as racks, Almirahs, lock with locking facilities, Refrigerator or cold room facility and Air Conditioned Room are available in the building where drugs are stored.

Presently drugs are distributed from the Stores attached to the office of the District Health & Family Welfare Officers and these Stores have not been licensed.

Assistant Drugs Controllers located at 15 Circles in the State have been notified as Licensing Authority for grant of sales licences which includes wholesale licences for distribution purpose. The location of the offices and area covered are as follows:

Sl. No.	Location of the office	Area covered
1.	Office of Assistant Drugs Controller, Bangalore Circle I, II and III	Bangalore Urban District
2.	Office of Assistant Drugs Controller, Bangalore Circle IV	Bangalore Rural District and Kolar District
3.	Office of Assistant Drugs Controller, Mysore Circle I	Mysore City and Kodagu District
4.	Office of Assistant Drugs Controller, Mysore Circle II	Mysore Rural Mandya and Chamarajanagar Districts
5.	Office of Assistant Drugs Controller, Tumkur Circle	Tumkur, Davangere and Chitradurga Districts
6.	Office of Assistant Drugs Controller, Bellary Circle	Bellary, Raichur and Koppal Districts
7.	Office of Assistant Drugs Controller, Gulbarga Circle	Gulbarga and Bidar Districts
8.	Office of Assistant Drugs Controller, Belgaum Circle	Belgaum and Karwar Districts
9.	Office of Assistant Drugs Controller, Dharwad Circle	Dharwad, Haveri and Gadag Districts
10.	Office of Assistant Drugs Controller, Mangalore Circle	D.K. and Udupi Districts
11.	Office of Assistant Drugs Controller, Hassan Circle	Hassan and Chikkamagalur Districts
12.	Office of Assistant Drugs Controller, Shimoga Circle	Shimoga District
13.	Office of the Assistant Drugs Controller, Bijapur	Bijapur & Bagalkot Districts

Storage of the Drugs at the recommended temperature goes a long way in assuring quality and stability of the drug. It is not enough that the manufacturer takes care to ensure quality of the drug during the course of manufacture. Adequate care must be taken during transportation, storage and distribution to interior hospitals and centres.

The Heads of the hospitals and institutions from where drugs are distributed have to contact the Assistant Drugs Controllers of their respective areas and obtain the licences in Form 20B, 21B and 20G.

Note: Schedule K of Drugs and Cosmetics Rules provides exemption from requirement of licences if the hospitals run by Government or supported by Government engage only in dispensing of drugs to the inpatients and out patients of the hospital. Therefore, only stores/institutions from where distribution to other hospitals/PHC's need to take wholesale licence.

11. Ideal Storage requirements for warehouses

Considering the volume of drugs handled and distributed by the District Sub-stores, the following recommendations are made with regard to building requirements.

1. The building must be pucca and with RCC roofing and leak proof.
2. There should be adequate storage area atleast 50 sqs. (5000 sq. ft.)
3. The drugs should be stored on racks (on wooden pellets wherever required) and these racks must be flexible to accommodate the required quantity.
4. Designated area for each drug should be provided.
5. Placement of racks should be in such a way which would allow easy movement.
6. Height of the building should be atleast 30 ft.
7. A cold room (2-10°C) to store Vaccines, Serum and Insulin. *Refrigerator?*
8. An Air Conditioned Room to provide storage of drugs requiring storage between 15-25°C.
9. As far as possible, the movement of drugs during the course of unloading, loading on to the racks should be through mechanical lifters.
10. Powerful exhaust system to be provided in the storage area.
11. The entire building should be rodent proof.
12. Stock rotation. First-in, First-out should be practised while despatching the drugs.

12. Recommended Inventory Management:

At present, the entire Inventory Management of procurement and distribution is done manually. The Committee strongly feels that the Inventory Mechanism needs to be computerised and networking is introduced. This would enable monitoring of stocks of drugs in each of the District Warehouses from the head office. Further, the computerised Inventory Management with networking would enable the officers in the Government Medical Stores to take decisions without loss of time for transfer of stock from one District Warehouse to another District Warehouse in order to tide over the emergency requirements. Apart from computerisation, at the level of District Warehouse, the introduction of Pass Books in duplicate for distribution of drugs to the hospitals by mentioning the Pass Book value improves the drug management at the District Warehouse and hospitals. There will not be unnecessary stocking of drugs in the hospitals.

as the drugs are supplied every month to the major hospitals and once in three months to the Primary Health Centres.

Maintaining optimal level of drug inventory depends on number of factors. Costs like holding cost, stock-out cost, ordering cost, etc. should be reduced. It is necessary to maintain certain level of stocks to meet uncertain/seasonal demands, time-lag in deliveries, etc. Depending upon the value, criticality and usage frequency of the drug, appropriate scientific inventory analysis techniques - ABC analysis, VED analysis, FSN analysis - may be applied.

One of the modern ways of improving the performance of drug inventory management is by computerising the drug stores. The proposed objectives of computerising the drug inventory system is:

- to bring transparency in the drugs procurement system.
- for proper analysis of the drugs movement.
- to have web based information about the availability of drugs at the stores for the Institutions.
- to assist in maintaining optimal level of drug position.
- for establishing e-mail communication for Warehouses with rest of world.

All the activities of the drug Warehouses - procurement, stock, distribution, expenditure - can be computerised. The proposed benefits of the computerisation of drugs inventory system are:

- The indent/request for the drugs will be processed faster.
- The amount of drugs lifted by any institution will be easily monitored.
- Drugs movement will be analysed properly using scientific methods.
- Area-wise movement of the drugs will be analysed.
- The expiring medicines will be monitored well in advance.
- The institutions can check availability position at the Warehouses using Internet.
- Procurement and accounting system will be improved by faster processing.
- All the sections will be linked so that movement of the drugs can be monitored more effectively. For ex. When the quality control report says that

particular drug is not upto the standard, then issuing of that drug can be blocked.

- The supply of banned/prohibited/not of standard drugs to the various institutions can be easily identified for further necessary action.
- Future requirement of drugs can be projected in better methods.

Systems Requirements :

The computerization of the administrative wing of Government Medical Stores at Bangalore and Warehouses at the districts need Hardware and Software. The details of the hardware and required software with cost estimates is given in Annexure X.

After an initial period of one year, it is proposed to use the existing manpower with training for computerisation. However, one Programming Assistant for Administrative Office of Government Medical Stores, Bangalore may be created on a permanent basis. Programme Assistant's presence will help the Government Medical Stores to smoothly carry out computerisation work at Administrative Office and Warehouses. His services can also be used to attend to the problems reported by the District Warehouses.

It is proposed to have five Data Entry Operators for Administrative Office. Bangalore one Data Entry Operator per District Warehouses on contract basis for an initial period of one year so as to maintain and establish the Drugs Inventory Management System. This will also help to overcome gradually the resistance/hesitation of the existing staff to operate on the computer.

The website of the activities of Drugs will be hosted on the server of the Government Medical Stores, temporarily kept at NIC, Bangalore, till the Directorate establishes its own website.

13. Financial Management for Procurement and Supply of Drugs:

As per the present policy of the Government, only 40% of the total drug budget is operated by the Directorate of Health & Family Welfare through Government Medical Stores. The remaining 60% of the drug budget is given to Zilla Panchayats/District Surgeons and Administrative Medical Officers of the hospitals with 100 beds and above. The Committee feels that it would be better if 90% of the drug budget is operated directly by the Government Medical Stores giving 10% to the respective institutions for meeting the emergency requirements. This would enable the proper application of funds, uniform and timely procurement and distribution to District Warehouses apart from ensuring accountability at one point. Now in the present system, as 60% of the drug budget is operated by the Zilla Panchayats and District Surgeons/Administrative Medical Officers of 100 beds and above, the accountability and responsibility is distributed to several points. Further, many a times these institutions go for purchase of drugs outside the Rate

Contract saying that Rate Contract holder has failed to supply the drugs or a different drug with a brand name is identified by the District Committee. If the budget is made available at one point, there will be uniformity in the availability of the drugs through out the State and also in the rates as the Government Medical Stores will purchase the drugs only from the Rate Contract holders.

If this proposal is not acceptable to the Government in view of the policy of the Government to decentralise the powers and give more powers to Zilla Panchayats, the present system of budgetary allocation for drugs could be continued with some minor changes as detailed below.

- 40% of the drug budget will be operated by the Government Medical Stores and supplies will be directly made to the District Warehouses.
- Of the 60% drug budget meant for Zilla Panchayats and other institutions with 100 beds and above, permission should be given to the respective institutions including the Primary Health Centers to purchase emergency drugs upto 10% of their budget. The remaining budget should be applied by the District Health & Family Welfare Officers for purchasing the drugs from the Rate Contract holders only and these drugs also shall be stored at the District Warehouses. The 60% of the drug budget so far operated by the District Surgeons and Administrative Medical Officers of the 100 bedded hospitals shall be taken back to Government Medical Stores and operated by the Additional Director, Government Medical Stores. Once the drugs are supplied by the Rate Contract Holders to the respective District Warehouses, the Stock Certificate will be given by the Pharmacist in-charge of the Warehouse and on the basis of that, District Health & Family Welfare Officers will authorise payment to the suppliers. When the District Health & Family Welfare Officer makes purchases, he should purchase the drugs to the extent of 60% of the total quantity as given in the Tender Notification. The remaining 40% of the total quantity of that particular drug for the institutions coming under the Administrative Control of the Zilla Panchayat shall be procured by the Government Medical Stores and stored at the District Warehouse. In respect of the District Hospitals and hospitals with 100 beds and above which are outside the purview of Zilla Panchayats, the entire quantity of drugs required out of 90% budget will be ordered by the Additional Director, Government Medical Stores. These drugs are also stored in the District Warehouses and issued to the hospitals on the basis of the budget of the hospital indicated in the Passbook against indents given by the Hospital Authorities.
- At present, the 100% requirement of drugs for PHUs are directly supplied by Government Medical Stores through package system. This should be dispensed with and the Primary Health Units should be made indenting institutions like PHCs.

- The drugs that are supplied by the companies on the basis of the orders given by the District Health & Family Welfare Officers, should be separately stored in the District Warehouse, accounted separately and issued separately on the basis of the indents given by the hospitals. In the Passbook maintained for issue of drugs to the hospitals and PHCs coming under the Administrative Control of Zilla Panchayats, separate entries shall be maintained for the drugs issued out of 60% and 40% drug budget. The value of 60% drug budget and 40% drug budget should be indicated in the Passbook separately. In respect of drugs supplied out of 60% budget, the pharmacist in-charge of the warehouse should send a copy of the invoice to the District Health & Family Welfare Officer.
- When two agencies and systems are working concurrently, there will be some logistic problems also. The Pharmacist will have to maintain the drugs separately in the warehouse. There will be separate Stock Registers and Inventory System will have to be separately done. If for any reasons, the District Health & Family Welfare Officer fails to procure any drug from the Rate Contract holder to the extent of required quantity, there will be litigation as the supplier can take the Government to the court for not procuring the entire quantity as indicated at the time of finalising the Tender. In order to avoid these hurdles, the Committee strongly feels that the entire drug budget excluding 10% should be operated by the Government Medical Stores. The objective of the Government is to ensure that all the essential and life saving drugs are available in all the hospitals through out the year. Considering this, Government may consider to change its policy of giving 60% of the drug budget to the Zilla Panchayats and make available the entire budget to the Government Medical Stores.
- The total drug budget during the year 1999-2000 was about Rs. 52 Crores. The Committee strongly feels that there is a need to increase this by atleast 20%. The additional amount of Rs. 10 Crores may be kept as reserve money by the Government Medical Stores. It is possible that some hospitals will be doing well and need additional budget for meeting the requirements. In such cases, the additional amount of Rs. 10 Crores could be utilised more meaningfully without stocking the drugs unnecessarily in the hospitals. In respect of PHCs and other hospitals coming under the purview of the Zilla Panchayats, the additional requirement shall be justified and recommended by the respective District Health & Family Welfare Officers and forwarded to Additional Director, Government Medical Stores. In respect of 100 beds and above hospitals, the additional allotment shall be justified and recommended by the Divisional Joint Director. In respect of District Hospital, the District Surgeon/Superintendent should justify and ask for additional allotment to the Additional Director, Government Medical Stores. The Additional Director, Government Medical Stores will examine each case on its merit and make suitable recommendations to the Commissioner, Health & Family Welfare. With the approval of the Commissioner, Health & Family Welfare, additional

allotment out of the reserve amount will be released to the respective institutions. On the basis of the release orders, the value will be indicated in the Passbook and on the basis of that, the drugs will be supplied by the District Warehouse. A copy of the additional allotment made will be forwarded to the respective District Warehouse also.

14. Investment costs for establishing District Warehouses and for computerised Inventory System

The Committee has looked into various aspects of drug procurement, distribution and Inventory Management System and has made the above recommendations in order to ensure a better system. There will be some additional investment both in terms of recurring costs and investment costs. The investment cost is only for establishing a computerised Inventory Management Control. The remaining investment is of recurring nature mostly towards salary component and a small amount towards payment of rentals for establishing District warehouses in the initial period till the warehouses are constructed. As regards the recurring costs towards salary component, the pharmacists and other Group 'D' employees working in other institutions and Government Medical Stores could be re-deployed. An abstract of expenditure for the proposed manpower, computerisation and establishing District Warehouses is enclosed to this as Annexure XI.

15. Quality Control System

The proposed Quality Control Wing at Government Medical Stores will take up the responsibility of testing of drugs for quality.

It is recommended to explore the possibility of giving accreditation to approved Private Labs (under Drugs and Cosmetics Act) for the purpose of test and analysis of each batch of drugs on the lines of Tamilnadu Medical Corporation.

To meet the cost of test and analysis, the Committee recommends to collect an amount equivalent to 1.5% of the invoice value from the suppliers by incorporating this as one of the tender conditions.

16. Training Programme

For the success of the recommended system, it is necessary that officers of Government Medical Stores, Warehouses, District Health & Family Welfare Officers and other purchasing officers need to be trained in matters relating to indenting, procurement, storage and utilisation.

J. M. Ganapathy
D. (Pharmacist) 22/5/2000 . K. RAO
M. S. Mohanrao C. (K. R. SRINIVAS)
(DR. SULOCI-HANNA-C) CAO-KHEDP
J. D. H. (Medical 22/5/2000) ICHSDPP
B. K. KARUNAMURTHY (A. RAMAN MOHAN RAO
DIRECTOR, NIC.)
B. K. KARUNAMURTHY (Dr. V. L. SANTOSH)
DIRECTOR (K.L.W) GULBAHAR 22-5-2000
B. K. KARUNAMURTHY (Dr. V. L. SANTOSH)
DIRECTOR (K.L.W) GULBAHAR 22-5-2000
B. K. KARUNAMURTHY (Dr. V. L. SANTOSH)
DIRECTOR (K.L.W) GULBAHAR 22-5-2000

S. Jayaram
(Dr. MAKAUR CHARI)
A. J. S. M.
(ANAND RAJESHEKAR
DRUG CONTROLLER)
T. Narayana
(C. T. SUDHAKAR REDDY)
CAO-cum-fa

Annexure I

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ನಡವಳಿಗಳು

ವಿಷಯ: ಸರ್ಕಾರದ ಆಸ್ತಿತ್ವಗಳಿಗೆ ಜೈವಧಿ ಖರೀದುಗಳು ಮತ್ತು ವಿಶೇಷ ಘಾಡುಗಳು ಸಮಿತಿಯನ್ನು ರಚಿಸುವ ಬಗ್ಗೆ

ಒದಲಾಗಿದೆ: ಅಂತಹ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಇವರ ಅರೆ ಸರ್ಕಾರಿ ಸಂಖ್ಯೆ.

ಪ್ರಸ್ತಾವನೆ:

ಮೇಲೆ ಒದಲಾದ ದಿನಾಂಕ 11-11-1999ರ ಪತ್ರದಲ್ಲಿ ಅಂತಹ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು ಇವರು ಜೈವಧಿಯ ಕೋರಿಕೆಯ ವಿಧಾನ, ಖರೀದಿ, ದಾಸ್ತಾನು ಮತ್ತು ವಿಶೇಷ ಘಾಡುಗಳನ್ನು ಸರ್ಕಾರವನ್ನು ಕೋರಿರುತ್ತಾರೆ.

ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 145 ಹೆಚ್.ಪಿ.ಸಿ. 99, ಬೆಂಗಳೂರು ದಿನಾಂಕ 1ನೇ ಜನವರಿ 2000

ಪ್ರಸ್ತಾವನೆಯಲ್ಲಿ ಹೇಳಿರುವ ಅಂಶಗಳನ್ನು ಪರಿಗಣಿಸಿ, ಅರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ಇಲಾಖೆಯ ಸರ್ಕಾರ ಆಸ್ತಿತ್ವಗಳಿಗೆ, ಜೈವಧಿಗಳ ಕೋರಿಕೆಯ ಸಲ್ಲಿಸುವ ವಿಧಾನ, ಖರೀದಿ, ದಾಸ್ತಾನು ಮತ್ತು ವಿಶೇಷ ಘಾಡುಗಳನ್ನು ಸರ್ಕಾರವನ್ನು ಕೋರಿರುತ್ತಾರೆ:

1. ಡಾ. ಕೆ.ಬಿ. ಘಾಳುಪ್ಪರ
ನಿರ್ದೇಶಕರು
ರಾಜ್ಯ ಅರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ
ಬೆಂಗಳೂರು ...ಅಧ್ಯಕ್ಷರು
2. ಶ್ರೀ ಆರ್. ಅಸಂದರ್ಭಶೇಖರ್
ಜೈವಧಿ ನಿಯಂತ್ರಕರು, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು
3. ಶ್ರೀ ಕೆ.ಆರ್. ಶ್ರೀನಿವಾಸ್
ಮುಖ್ಯ ಅಡಳಿತಾಧಿಕಾರಿ
ಕ.ಹೆಚ್.ಎಸ್.ಡಿ.ಪಿ., ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು
4. ಶ್ರೀ ಪಂಕಟೇಶ್ವರ್
ನಿರ್ದೇಶಕರು
ನ್ಯಾಷನಲ್ ಇಂಫರ್ಮೇಟಿಕ್ ಸೆಂಟರ್
ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

5. ಡಾ. ಎಂ.ಪಿ. ಕರಕ್ಕಣಸವರ್ಗ
ಅವರ ನಿರ್ದೇಶಕರು
ಕೆ.ವಿಫ್ಫ್.ದಿಪ್ಪ್. ಯೋಜನ. ಗುಲ್ಬಗಳ್...ಸದಸ್ಯರು

6. ಡಾ. ರಮೇಶ್‌ರಾಜ್
ಸದ ನಿರ್ದೇಶಕರು
ಕೆ.ಹೆಚ್.ಎಸ್.ಡಿ.ಪಿ.. ಚೆಂಗಳೂರು...ಸದಸ್ಯರು

7. ಡಾ. ಹಿ.ವಿ.ಲ್ಲಾ. ಸತೀಶ್
ಸಾಫ್ಟ್‌ವೆರ್‌ಎಂಬ್‌ಹಿ.ಕಾರಿ
ರಾಷ್ಟ್ರೀಯ ಮಾಸಿಕ ಅರೋಗ್ಯ ಮತ್ತು
ನರ ವಿಜ್ಞಾನಗಳ ಸಂಸ್ಥೆ. ಚೆಂಗಳೂರು...ಸದಸ್ಯರು

8. ಶ್ರೀ ವಿಲೋಪನಾಧನ್
ಮುಖ್ಯ ಲೆಕ್ಕ ಪತ್ರಧಿಕಾರಿಗಳು ಹಾಗೂ ಆರ್ಥಿಕ ಸಲಹಾರರು,
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು
ನಿರ್ದೇಶನಾಲಯ. ಚೆಂಗಳೂರು...ಸದಸ್ಯರು

9. ಶ್ರೀ ಟಿ.ಎಸ್. ಭಗವಾನ್
ಉಪ ನಿರ್ದೇಶಕರು (ಫಾರ್ಮಸಿ)
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು
ನಿರ್ದೇಶನಾಲಯ. ಚೆಂಗಳೂರು...ಸದಸ್ಯ ಕಾರ್ಯದಾರಿ

ವರತ್ತು ಮತ್ತು ಅಭಿಪ್ರಾಯಗಳನ್ನು ಅನುಬಂಧದಲ್ಲಿ ನೀಡಲಾಗಿದೆ. ಸಮಿತಿಯು ತನ್ನ ವರದಿಯನ್ನು
ಈ ಅದೇಶ ಹೊರಡಿಸಿದ 3 ತಿಂಗಳೊಳಗೆ ನೀಡಲು ಆದೇಶಿಸಿದೆ.

ಕನಾಟಕ ರಾಜ್ಯಪಾಲರ ಅಭಿಜ್ಞಾನಸಾರ

ಮತ್ತು ಅವರ ಹೆಸರಿನಲ್ಲಿ

ನಹಿ

(ಎಸ್.ಆರ್. ಕೋಳಿ)

ಸರ್ಕಾರದ ಅಧಿಕಾರಿ ಕಾರ್ಯದಾರಿ

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

**Annexure to the Government Order No. HFW 145 HPC 99, Bangalore,
Dated 1st January 2000**

To study the existing set-up, functions and working of the Government Medical Stores and makes specific recommendations with reference to the following:

- (1) Qualification of drug requirements (including the basis on which the quantities required are to be assessed).
- (2) Procurement and inventory management (including records to be kept computerisation of inventory control, scheduling of purchases and minimum and maximum stock limits to be maintained in respect of each drug).
- (3) Distribution of drugs to the Districts (including whether the delivery system or collection system to be followed and in case of the former, whether such delivery is to be done by the Government Medical Stores or the R.C. holders).
- (4) Establishment of Sub-stores at the District/Division level (including whether the sub-stores should only act as a storage and distribution centre and the present system of centralised procurement should continue or whether the sub-stores should directly procure the drugs from the R.C. holders as per the local requirements and settle the bills on the basis of funds released by the Directorate).
- (5) Storage requirements with reference to legal/licensing conditions and the estimated cost.
- (6) Staffing pattern and training requirements (financial implications should be assessed in case additional staff is proposed).
- (7) Stock and issue Registers to be maintained in the hospitals/centres/institutions and how the public is to be kept informed about the drugs available in stock.
- (8) Whether the present financial limits for supply of drugs to the various institutions needs to be enhanced and if so to suggest the enhanced financial limits together with the additional requirement of funds.
- (9) Any other matter incidental to or arising from any of the above terms.

Sd/-
(S.R. KOLAVI)
Under Secretary to Government
Health & Family Welfare Department

Annexure IA

ಕನಾಟಕ ಸರ್ಕಾರದ ನಡವಳಿಗಳು

ವಿವರ: ಸರ್ಕಾರದ ಅಸ್ತತ್ತಗಳಿಗೆ ರೈವಧಿ ಖರೀದನಲ್ಲಿ ಮತ್ತು ವಿತರಣೆ ಮಾಡುವ ಒಗ್ಗೆ ಸಲಹೆ ನೀಡಲು ಸಮೀಕ್ಷಾನ್ಯಾಸ ರಚಿಸುವ ಒಗ್ಗೆ

ಒದಲಾಗಿದೆ: 1. ಸರ್ಕಾರಿ ಅಧೇತದ ಸಂಖ್ಯೆ ಅಕ್ಷರ 145 ಹಣ್ಣಪ್ಪಿಸಿ 99.
ದಿನಾಂಕ 1-1-2000.

2. ನಿರ್ದೇಶಕರು. ರಾಷ್ಟ್ರ ಅರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ ಇವರ ಪತ್ರ ಸಂಖ್ಯೆ ಡಿಹೆಚ್‌ಎನ್‌:ಡ್ರ್ಗ್‌ಸಿಟ್‌ಎಂ: 1999-2000.

ଦିନୀ ୧୦୫ ୨-୨-୨୦୦୦

ಪ್ರಸ್ತಾವನೆ:

ಮೇಲೆ (1) ಒಂದಿಳಾದ ದಿನಾಂಕ 1-4-2000ದ ಆದೇಶದಲ್ಲಿ ಅರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ಇಲಾಖೆಯ ಸರ್ಕಾರಿ ಅಸ್ಪತ್ರೆಗಳಿಗೆ ಹೈಫಣಿ ಖರೀದಿ ದಾಸ್ತಾನ್ ಮತ್ತು ವಿತರಣೆಯ ಬಗ್ಗೆ ಸಲಹೆ ನೀಡಲು ಈ ಕೆಳಕಂಡ ಸದಸ್ಯರುಗಳನ್ನು ಒಳಗೊಂಡ ಸಮಿತಿಯನ್ನು ರಚಿಸಲಾಗಿತ್ತು.

1. ಡಾ: ಕೆ.ಪಿ. ಮಾರಾಪುರ
ನಿರ್ದೇಶಕರು
ರಾಜ್ಯ ಅರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬಿ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ
ಬೆಂಗಳೂರು
...ಅಧ್ಯಕ್ಷರು
2. ಶ್ರೀ ಆರ್. ಆನಂದರಾಜಶೇಖರ್
ಪೈಪ್‌ಡಿ ನಿಯಂತ್ರಕರು, ಬೆಂಗಳೂರು
...ಸದಸ್ಯರು
3. ಶ್ರೀ ಕೆ.ಆರ್. ಶ್ರೀನಿವಾಸ್
ಮುಖ್ಯ ಆಡಳಿತಾಧಿಕಾರಿ
ಕ.ಹೆಚ್.ಎಸ್.ಡಿ.ಪಿ., ಬೆಂಗಳೂರು
...ಸದಸ್ಯರು
4. ಶ್ರೀ ಪೆಂಕಟೇಶನ್
ನಿರ್ದೇಶಕರು, ನ್ಯಾಷನಲ್ ಇನ್‌ಫರ್ಮ್ಯಾಟಿಕ್ ಸೆಂಟರ್
ಬೆಂಗಳೂರು
...ಸದಸ್ಯರು
5. ಡಾ. ಎಂ.ಪಿ. ಕರಕ್ಕೆನವರ್
ಅವರ ನಿರ್ದೇಶಕರು, ಕೆ.ಎಫ್.ಡಿಪ್ಲೊ. ಯೋಜನೆ, ಗುಲ್ಬರ್ಗಾ
...ಸದಸ್ಯರು
6. ಡಾ. ರಮೇಶ್‌ರಾವ್
ಸಹ ನಿರ್ದೇಶಕರು, ಕ.ಹೆಚ್.ಎಸ್.ಡಿ.ಪಿ., ಬೆಂಗಳೂರು
...ಸದಸ್ಯರು

7. ಡಾ. ವಿ.ವಲ್ಹ. ಸತೀರ್

ಸ್ವಾನಿಕ ಪ್ಯಾಡ್ಯೂಟಿಕಾರ್

ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು

ನರ ವಿಚ್ಛಿನ್ನಗಳ ಸಂಸ್ಥೆ. ಬೆಂಗಳೂರು

...ಸದಸ್ಯರು

8. ಶ್ರೀ ವಿಲ್ ಪನಾಥನ್ ..

ಮುಖ್ಯ ಲೆಕ್ಕಾ ಪತ್ರಧಿಕಾರಿಗಳು ಹಾಗೂ ಆರ್ಥಿಕ ಸಲಹಕಾರರು,

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ

ನಿರ್ದೇಶನಾಲಯ. ಬೆಂಗಳೂರು

...ಸದಸ್ಯರು

9. ಶ್ರೀ ಪಿ.ವಸ್. ಭಗವಾನ್

ಉಪ ನಿರ್ದೇಶಕರು (ಫಾರ್ಮಸಿ)

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು

ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು

...ಸದಸ್ಯ ಕಾರ್ಯದಾರ್

ಮೇಲೆ (2)ರಲ್ಲಿ ಓದಲಾದ ದಿನಾಂಕ 9-2-2000ದ ಪತ್ರದಲ್ಲಿ ನಿರ್ದೇಶಕರು, ರಾಜ್ಯ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಇವರು ಈಗಾಗಿ ರಮೇಶ್ ರಾವ್, ಜಂಟಿ ನಿರ್ದೇಶಕರು, ಕೆ.ಹೆಚ್.ವಸ್.ಡಿ.ಪಿ. ಇವರು ದಿನಾಂಕ 31-1-2000ದಂದು ಸೇವೆಯಿಂದ ನಿರ್ವತ್ತಿಯಾಗಿರುವದರಿಂದ, ಸದರಿಯವರನ್ನು ಸಮಿತಿಯಲ್ಲಿ ಮುಂದುವರೆಸಬೇಕೂ ಒಂದು ವೇಳೆ ಸಮಿತಿಯಲ್ಲಿ ಸದರಿ ಸದಸ್ಯರನ್ನು ಮುಂದುವರಿಸಬ್ದದ್ದರೆ, ಜಂಟಿ ನಿರ್ದೇಶಕರು (ಪ್ರೊಡ್ಕೆಯ) ಕೆ.ಹೆಚ್.ವಸ್.ಡಿ.ಪಿ.. ಬೆಂಗಳೂರು ಇವರನ್ನು ಸದಸ್ಯರನ್ನಾಗಿ ನೇಮಕ ಮಾಡಲು ಸರ್ಕಾರವನ್ನು ಕೇರಿದ್ದಾರೆ. ಕಾರಣ ಈ ಆದೇಶ.

ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 145 ಹೆಚ್.ಪಿ.ಸಿ 99, ಬೆಂಗಳೂರು ದಿನಾಂಕ 21-03-2000

ಪ್ರಸ್ತಾವನೆಯಲ್ಲಿ ಹೇಳಿರುವ ಅಂಶಗಳನ್ನು ಪರಿಗಣಿಸಿ, ಈಗಾಗಿ ರಮೇಶ್ ರಾವ್, ಸಹ ನಿರ್ದೇಶಕರು, ಕೆ.ಹೆಚ್.ವಸ್.ಡಿ.ಪಿ., ಬೆಂಗಳೂರು ಇವರ ನಿರ್ವತ್ತಿಯಿಂದ ತೆರವಾದ ಸ್ವಾಸ್ಥ್ಯದಲ್ಲಿ ಜಂಟಿ ನಿರ್ದೇಶಕರು (ಪ್ರೊಡ್ಕೆಯ). ಕೆ.ಹೆಚ್.ವಸ್.ಡಿ.ಪಿ. ಬೆಂಗಳೂರು ಇವರನ್ನು ಮೇಲಿನ ಸಮಿತಿಯ ಸದಸ್ಯರನ್ನಾಗಿ ನೇಮಕ ಮಾಡಿ ಸರ್ಕಾರ ಆದೇಶಿಸಿದೆ.

ಉಲ್ಲಿಂದಂತೆ ಸರ್ಕಾರಿ ಆದೇಶದ ಸಂಖ್ಯೆ ಆಕುಕ 145 ಹೆಚ್.ಪಿ.ಸಿ 99, ದಿನಾಂಕ 1-1-2000, ಆದೇಶದಲ್ಲಿ ಯಾವುದೇ ಬದಲಾವಣೆ ಇರುವದಿಲ್ಲ.

ಕನಾಟಕ ರಾಜ್ಯಪಾಲರ ಅಭಿನ್ನಸಾರ

ಮತ್ತು ಅವರ ಹಸರಿನಲ್ಲಿ

ಸಹಿ

(ಎಸ್.ಆರ್. ಕೋಳೆ)

ಸರ್ಕಾರದ ಅಧಿಕಾರಿ ಕಾರ್ಯದಾರ್

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

Annexure IB

ಕನಾಟಕ ಸರ್ಕಾರ

ಸಂಖ್ಯೆ : ಆಕುಕ 145 ಹೆಚ್‌ಪಿಸಿ 99

ಕನಾಟಕ ಸರ್ಕಾರದ ಸಚಿವಾಲಯ

ಬಹುಮಾದಡ ಕಛ್ವಾದ

ಬೆಂಗಳೂರು, ದಿನಾಂಕ 20-04-2000

ತಿದ್ದುಪಡಿ

ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ : ಆಕುಕ 145 ಹೆಚ್‌ಪಿಸಿ 99. ದಿನಾಂಕ 01-01-2000ದಲ್ಲಿನ ಆದೇಶ ಭಾಗದಲ್ಲಿ ಡಾ. ಕ.ಪಿ. ಮಾಕಾಪುರ ಇವರ ಅಧ್ಯಕ್ಷತೆಯಲ್ಲಿ ಜೈವಧಿ ಖರೀದಿ ಮತ್ತು ದಾಸ್ತಾನ ಮತ್ತು ವಿತರಣೆಯ ಬಗ್ಗೆ ಸಲಹೆ ನೀಡಲು ರಚಿಸಿರುವ ಸಮಿತಿಯಲ್ಲಿದ್ದ ಶ್ರೀ ಪಂಡಟೇಶ್ವರನ್, ನಿದೇಶಕರು, ನ್ಯಾಷನಲ್ ಇನ್‌ಫರ್ಮೇಟಿಕ್ ಸಂಟರ್, ಬೆಂಗಳೂರು ಮತ್ತು ಶ್ರೀ ವಿಲ್ಸನ್‌ನಾಥನ್. ಮುಖ್ಯ ಲೆಕ್ಕಾಧಿಕಾರಿಗಳು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಹುದ್ದೆಯಲ್ಲಿರುವರನ್ನು ಮೇಲಿನ ಸಮಿತಿಯ ಸದಸ್ಯರನ್ನಾಗಿ ನೇಮಕ ವಾಡಿದೆ. ಹಾಗೂ ಈಗಿರುವ ಅಧಿಕಾರಿಗಳು ಮೇಲಿನ ಸಮಿತಿಯ ಕಾರ್ಯ ಕಲಾಪಗಳಲ್ಲಿ ಭಾಗವಹಿಸುವರು ಎಂದು ತಿದ್ದು ಒಂದಿಕೊಳ್ಳತಕ್ಕುದು.

ಕನಾಟಕ ರಾಜ್ಯಪಾಲರ ಅಭಿಭೂತಸಾರ ಮತ್ತು

ಅವರ ಹೆಸರಿನಲ್ಲಿ

ಸಹಿ

(ಜ. ಶ್ರೀನಿವಾಸ್)

ಸರ್ಕಾರದ ಅಧೀಕ್ಷ ಕಾರ್ಯದರ್ಶಿ

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

Annexure II

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ನಡವಳಿಗಳು

ವಿಷಯ: ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಔಷಧಿಗಳ ಖರೀದಿಗಾಗಿ
ಫರೋಪೆಟಿಕ್ ಸಮಿತಿ ಮತ್ತು ಪರಿಣಾತರ ಸಮಿತಿಗಳ ಪ್ರಸರ್ ರಚನೆ ಕುರಿತು - ಆದೇಶ

ಒದಲಾಗಿದೆ:

1. ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 184 ಹೆಚ್‌ಪಿಸಿ 92, ದಿನಾಂಕ 24-6-1988
2. ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಆಕುಕ 226 ಹೆಚ್‌ಪಿಸಿ 98, ದಿನಾಂಕ 7-6-1994
3. ನಿರ್ದೇಶಕರು. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು, ಬೆಂಗಳೂರುರವರ ಪತ್ರಗಳ ಸಂಖ್ಯೆ: ಡಿಎಸ್‌ಎಸ್: 147:88-89, ದಿನಾಂಕ 10-4-1994 ಮತ್ತು 15-6-1995.

ಪ್ರಸ್ತಾವನೆ:

ಮೇಲೆ (1)ರಲ್ಲಿ ಒದಲಾದ ಸರ್ಕಾರಿ ಆದೇಶದಲ್ಲಿ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಅಗತ್ಯ ಔಷಧಿ ಮತ್ತು ರಾಸಾಯನಿಕಗಳನ್ನು ಖರೀದಿಸುವ ಸಲುವಾಗಿ ಫರೋಪೆಟಿಕ್ ಸಮಿತಿ ಮತ್ತು ಪರಿಣಾತರ ಸಮಿತಿಗಳನ್ನು ದಿನಾಂಕ 25-7-1992ರಿಂದ ಒಂದು ವರ್ಷದ ಅವಧಿಗೆ ರಚಿಸಲಾಗಿತ್ತು. ತದನಂತರ ಮೇಲೆ (2)ರಲ್ಲಿ ಒದಲಾದ ಸರ್ಕಾರಿ ಆದೇಶದಲ್ಲಿ ಸದರಿ ಸಮಿತಿಗಳನ್ನು ಪ್ರಸ್ತಾವಿಸಿ ಒಂದು ವರ್ಷದ ಅವಧಿಗೆ ಮುಂದುವರಿಸಲಾಗಿತ್ತು. ನಿರ್ದೇಶಕರು. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ ಇಲಾಖೆಯರವರು ಮೇಲೆ (3)ರಲ್ಲಿ ಒದಲಾದ ಪತ್ರದಲ್ಲಿ ಸರ್ಕಾರಕ್ಕೆ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಸಲ್ಲಿಸಿ ಸದರಿ ಸಮಿತಿಗಳ ಅವಧಿಯು ದಿನಾಂಕ 3-4-1995ಕ್ಕೆ ಪ್ರಾಣಗೊಂಡಿದ್ದು. ಅವುಗಳನ್ನು ಪ್ರಸರ್ ರಚಿಸಲು ಮತ್ತು ಇಲಾಖೆಗೆ ದರಗುತ್ತಿಗೆ-I ಮತ್ತು ದರಗುತ್ತಿಗೆ-IIಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ಉಚ್ಚಾರಿಕಾರಿ ಸಮಿತಿಯನ್ನು ಶಾಶ್ವತ ಸಮಿತಿಯೆಂದು ರಚಿಸುವ ರೀತಿಯಂತೆಯೇ ಈ ಸಮಿತಿಗಳನ್ನು ಸಹ ಶಾಶ್ವತ ಸಮಿತಿಗಳೆಂದು ರಚಿಸಲು ಸರ್ಕಾರದ ಆದೇಶ ನೀಡಬೇಕೆಂದು ಕೋರಿದ್ದಾರೆ.

ನಿರ್ದೇಶಕರು. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳುರವರ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಪರಿಶೀಲಿಸಿ ಔಷಧಿ ಖರೀದಿಯ ಬಗ್ಗೆ ದರಗುತ್ತಿಗೆಯನ್ನು ತ್ವರಿತವಾಗಿ ಇತ್ಯಾಧಿಗೊಳಿಸುವ ಸಲುವಾಗಿ ಹಿಂದೆ ರಚಿಸಿದ ಫರೋಪೆಟಿಕ್ ಸಮಿತಿ ಮತ್ತು ಪರಿಣಾತರ ಸಮಿತಿಗಳನ್ನು ವಿಲೇನಗೊಳಿಸಿ ಒಂದೇ ಸಮಿತಿಯನ್ನಾಗಿ ರಚಿಸಲು ಸರ್ಕಾರ ನಿರ್ಧರಿಸಿದೆ. ಅದರಂತೆ ಈ ಆದೇಶ.

ಆದೇಶ ಸಂಖ್ಯೆ ಆಕುಕ 108 ಹೆಚ್‌ಪಿಸಿ 95, ಬೆಂಗಳೂರು, ದಿನಾಂಕ 22ನೇ ಆಗಸ್ಟ್, 1995

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಅಗತ್ಯ ಔಷಧಿಗಳ ಖರೀದಿಗಾಗಿ ಹಿಂದೆ ರಚಿಸಿದ ಫರೋಪೆಟಿಕ್ ಸಮಿತಿ ಮತ್ತು ಪರಿಣಾತರ ಸಮಿತಿಗಳನ್ನು ವಿಲೇನಗೊಳಿಸಿ ಈ ಕೆಳಕಂಡ ಸದಸ್ಯರುಗಳು ಒಂದು ಸಮಿತಿಯನ್ನು ಶಾಶ್ವತವಾಗಿ ಸರ್ಕಾರ ರಚಿಸಿದೆ:

1. ನಿರ್ದೇಶಕರು. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ
ಸೇವೆಗಳು, ಬೆಂಗಳೂರು ...ಅಧ್ಯಕ್ಷರು

2. ನಿರ್ದೇಶಕರು, ಪ್ರಾಧ್ಯಕೀಯ ಶಿಕ್ಷಣ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

3. ಹೈವೆಚ್ ನಿಯಂತ್ರಕರು, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

4. ಪ್ರಾಧ್ಯಾಪಕರು, ಸರ್ಕಾರಿ ವಿಭಾಗ, ಬೌರಂಗ್ ಮತ್ತು
ಲೇಡಿ ಕಜ್‌ನಾ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

5. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು : ಪ್ರಾಧ್ಯಾತ್ಮಾ ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ವಿಕ್ಲೋರಿಯಾ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

6. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಆರ್ಥಿಕೋಪದಿಕ್ ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ವಿಕ್ಲೋರಿಯಾ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

7. ಪ್ರಾಧ್ಯಾಪಕರು ಹಾಗೂ ಒಬಸ್ಟೇಟ್‌ಸ್ ಮತ್ತು ಗೃಹಕಾಲಜಿ
ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥರು, ವಾಣಿವಿಲಾಸ್ ಅಸ್ಸತ್ರೆ,
ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

8. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಓಪ್‌ಲೂಪ್‌ಮಾಲಜಿ ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ಮಿಂಟೋ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

9. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಪೇಡಿಯಾಟ್‌ಸ್ ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ವಾಣಿವಿಲಾಸ್ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

10. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಡಮ್‌ಟಾಲಜಿ ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ವಿಕ್ಲೋರಿಯಾ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

11. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ರೇಡಿಯಾಲಜಿ ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ವಿಕ್ಲೋರಿಯಾ ಅಸ್ಸತ್ರೆ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

12. ಪ್ರಾಧ್ಯಾಪಕರು ಮತ್ತು ಇ.ಎನ್.ಟಿ. ವಿಭಾಗದ
ಮುಖ್ಯಸ್ಥರು, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

13. ಅಪರ ನಿರ್ದೇಶಕರು (ಕು.ಕ. ಮತ್ತು ತಾ.ಮ.ಆ.)
ಅರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳ
ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

14. ಪ್ರಾಂತುಪಾಲರು, ಸರ್ಕಾರಿ ದಂತಪ್ರಾಧ್ಯ
ಮಾರ್ಯಾಟಾಲಿಯ, ಬೆಂಗಳೂರು ...ಸದಸ್ಯರು

15. ಜಂಟಿ ನಿರ್ದೇಶಕರು. ಸಹಾರೆ ಪೈಪ್‌ಡಿ ಮಳಗೆ.
ಬಂಗಾರಾರು

...ನದನ್ಯ ಕಾಯದ್ವಿರ್

ಕನಾಟಕ ರಾಜ್ಯಾಧಿಕಾರ ಅಧ್ಯಾತ್ಮಸಾರ
ಮತ್ತು ಅವರ ಹಸರಿಸಲ್ಲಿ
ಸಹಿ

(ಕೆ.ಎಸ್. ಮುರಳಿಕೃಷ್ಣ)
ಸಹಾರದ ಅಧೀಕ್ಷ ಕಾಯದ್ವಿರ್
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

Annexure III
PROCEEDINGS OF THE GOVERNMENT OF KARNATAKA

Sub: Reconstitution of the High Power Committee of Health & Family Welfare Department for purchase of drugs, chemicals, medical equipment, instruments and apparatus required by the Government Hospitals and Dispensaries in the State

READ:

1. Government Order No. HFW 67 HPC 89, dated 5-5-1990
2. Government Order No. HFW 67 HPC 89, dated 17-8-1990
3. Letter No. GNS(1)/97/91-92, dated 5/10-9-1991

PREAMBLE:

In the Government Order dated 5-5-1990, cited at 1 above, the High Power Committee was constituted for the purchase of drugs, chemicals, medical equipment, instruments and apparatus for a period of two years from 1-11-1989 to 31-10-1991.

In the Government Order dated 17-8-1990 cited at 2 above, in partial modification of the Government Order dated 5-5-1990, the Drugs Controller in Karnataka, Bangalore was also nominated as a Member of the HPC.

The Director of Health & Family Welfare Services in his letter dated 5/10-9-1991 cited at 3 above, has requested Government to reconstitute the High Power Committee as the term of the previous Committee would expire from 31-10-1991 and there is urgent need to make purchases for the Department of Health & Family Welfare Services.

Government has examined the proposal and found it desirable to have a permanent High Power Committee for this purpose and also specify the terms of reference of the Committee.

Order No. HFW 67 HPC 89, Bangalore dated 28-12-1991/6-1-92

In super-session of the previous orders of Government on the subject, sanction is hereby accorded to reconstitute the High Power Committee with the following members:

1. Secretary to Government-I, HFW Department ...Chairman
2. Representative of FD not below the rank of Secretary to Government/Joint Secretary to Government to be nominated by the Finance Department ... Member

(See Note 1)

3.	Representative of the Commerce and Industries Department not below the rank of Secretary to Government/Joint Secretary to Government	... Member
4.	Director of Health & Family Welfare Services, Bangalore	... Member
5.	Director of Medical Education	... Member
6.	Drugs Controller in Karnataka, Bangalore	... Member
7.	Joint Director, Government Medical Stores, Bangalore	... Member Secretary

The High Power Committee is a permanent Committee, subject to such orders issued by Government from time to time.

The Terms of Reference of the Committee are as follows:

1. Examine the need for fixing the rate contract.
2. Examine the range of drugs and chemicals, medical equipment, instruments and apparatus needed by the Department.
3. Examine the quantity of drugs and chemicals, medical equipment, instruments and apparatus required to be purchased from time to time depending upon the funds available.
4. Examine the recommendations of the Therapeutic and Expert Committees.
5. Examine the capacity, creditability and last performance of the tenderers.
6. Examine the procedure followed in issuing the notification calling for tenders, scrutiny of the offers received and scrutiny of the comparative statement received and other related matters.
7. Examine and accept the most favourable offers in terms of quality and prices.
8. Fix the Rate Contract-I for drugs and chemicals and fix the Rate Contract-II for medical equipment, instruments and apparatus for a period of one year subject to extension of validity of the Rate Contract as fixed by for a period not exceeding six months.
9. Periodical review of the performance of the Rate Contract fixed.

10. Such other responsibilities that the Government may entrust from time to time.

By order and in the name of
the Governor of Karnataka

Sd/-

(S. KRISHNAMURTHY)

Under Secretary to Government
Health & Family Welfare Department

Annexure IV
Government Medical Stores, Bangalore
Staff Position as on March 2000

Sl. No.	Designation	Sanctioned	Working	Vacant	Remarks
1.	Joint Director	1	-	1	I/C JD working from 1-10-1999
2.	Chief Supervisor	1	1	-	
3.	Medical Officer	1	1	-	
4.	Chief Gazetted Pharmacist	2	2	-	
5.	Graduate Pharmacist	2	-	2	1 Graduate Pharmacist working at this office on O.O.D. basis
6.	Lay Secretary	1	1	-	
7.	Office Superintendent	2	2	-	
8.	First Division Assistant	10	10	-	
9.	Stenographer	1	1	-	
10.	Second Division Assistant	33	28	5	2 officials are working at DH & FWO's Bangalore on O.O.D. basis
11.	Typist	2	1	1	
12.	Driver	1	1	-	
13.	Lit. Attender	5	2	3	
14.	Group 'D'	68	45	23	4 Officials working at Sect. & K.H.S.D.P. on O.O.D. basis
		130	95	35	

Annexure V

Duties and Responsibilities of the Staff of Government Medical Stores

1. Joint Director :
 - General Administration
 - Fixing of Rate Contract for purchasing drugs and other items required for the hospitals.
 - Purchase and distribution of medicines required for hospitals and monitoring the supplies.
 - Convening Expert, Therapeutic Committee and High Power Committee Meetings at appropriate times.
 - Establishment matters of Government Medical Stores including disbursement of salaries, etc. to the employees.
2. Chief Supervisor :
 - Assisting the Joint Director in his day today's work
 - Receiving of medicines as per the orders issued to the Rate Contract firms.
 - Accounting the receipts of the Drugs
 - Sending and Accounting the drugs samples and verifying the samples of drugs as per Rate Contract conditions.
 - Keeping watch on Time Barred Drugs and Sub-standard Drugs and taking further action as per rules.
3. Medical Officer / Indent Processing Officer (I.P.O) :
 - Processing of Indents received from indenting institutions, accounting budget allocation, etc.
 - Accounting the drugs issued to Health Institutions.
 - Assisting the Joint Director
4. Chief Pharmacists and Graduate Pharmacists :
 - Maintenance of Stores
 - Proper accounting the receipts of drugs and issue of drugs to the indenting institutions.

Watching and informing the Joint Director /Chief Supervisor on the time barred drugs, sub-standard drugs, etc.

Maintenance of Bin Cards with necessary entries.

Assisting the Joint Director.

5. Lay Secretary : Assisting the Joint Director in Administration and Establishment matters including Accounts and purchase formalities.

6. Office Superintendents : Office Administration, Establishment matters including Accounts, budgetary work and purchase formalities.

7. First Division Assistants / Second Division Assistants : Case Working of Accounts
Establishment
Stores
Purchasing
Receiving (CS) Section
Supply
Cash
Forms and Stationary.

Annexure VI

Statement showing Budget for 3 years in Drugs & Chemicals, Establishment and Gazetted Salaries, Others

Health Non-plan 40% & 100%, Medical Education Non-Plan, Health Plan till February 2000

Sl. No.	Years	Budget Released	Expenditure	Budget Balance	Remarks
1.	1997-98 Establishment Drugs & Chemicals	63,80,000/- 14,38,04,446/-	66,95,658/- 1,68,84,905/-	- 12,69,19,541/-	No R.C. was available
2.	1998-99 Establishment Drugs & Chemicals	67,16,600/- 28,59,05,715/-	1,46,34,708/- 26,09,65,933/-	2,49,39,782/-	Excess due to revision of pay scale
3.	1999-2000 Establishment Drugs & Chemicals	93,83,000/- 28,88,07,800/-	83,58,320/- 17,56,22,640/-	10,24,680/- 11,31,85,160/-	Till Feb. 2000 Till Feb. 2000

Annexure VII

Duties and Responsibilities of the officers in the proposed cadres at Government Medical Stores

1. Additional Director (Medical) .. : He shall be the head of the organisation reporting directly to the Commissioner, Health & Family Welfare.

: He is responsible for convening various meetings like Therapeutic Committee, Tender Evaluation Committee and Empowered Committee

: He shall be responsible for proper quantifying of drugs to be procured both for Government Medical Stores supply and purchases out of Zilla Panchayats

: He shall be responsible for fixing the calendar of events at the appropriate time in order to ensure that the supply orders are given as scheduled.

: He shall be responsible for stocking of drugs required for a minimum period of 3 months in the District Warehouses.

: He shall be responsible for quality control tests for drugs procured by Government Medical Stores.

: He shall be responsible for timely payment to the suppliers without loss of time.

: He shall supervise and regulate the activities of the District Warehouses.

: He shall take necessary steps for shifting of stock from one warehouse to another warehouse depending on the stock positions.

: He shall be responsible for all establishment matters.

2. Joint Director/Deputy Director (Pharmacy) : As Member Secretary of the Therapeutic Committee and Tender Evaluation Committee, he shall convene the meetings at the appropriate time with the approval of the Additional Director.
He shall be responsible for drawal of Minutes of these meetings.
He should assist the Additional Director and the Committee in quantification and proper formulation for the drugs identified.
He shall monitor and supervise the functioning of District Warehouses during his visit to the Districts.
Any other functions entrusted to him by the Additional Director and Commissioner, Health & Family Welfare.

3. Accounts Officer : He shall prepare the budget document for Government Medical Stores at the appropriate time and submit the same to the Additional Director.
He shall ensure timely releases of funds to Government Medical Stores in co-ordination with the Director of Health & Family Welfare and Finance Department.
He shall ensure timely payments to the suppliers with the approval of the Additional Director.
He shall ensure proper accounting and preparation of expenditure statements.

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DR-300 Poo

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DRUG LIST FOR THE YEAR 2000-2001 (GMS)

St. No.	National Essential Drug List	Therapeutic Committee Recommended List		Recommended Drug list by this committee	Remarks
		1.0 ANALGESICS (U)	1.1 ANALGESICS IN RHEUMATIC DISORDERS (S & T)		
1.0	1) T Acetyl Salicylic Acid 300 mg 2) T Diclofenac Sodium 50 mg : 100 mg Inj 25 mg/ml 3) T Ibuprofen 200 mg; 400 mg	1) T Acetyl Salicylic Acid 300 mg 2) T Diclofenac Sodium 50 mg Inj 25 mg/ml 3) T Ibuprofen 200 mg; 400 mg *	1) T Acetyl Salicylic Acid 150 mg; 300 mg * 2) T Diclofenac Sodium 50 mg Inj 25 mg/ml 3) T Ibuprofen 200 mg; 400 mg *	1) T Acetyl Salicylic Acid 150 mg; 300 mg * 2) T Diclofenac Sodium 50 mg Inj 25 mg/ml 3) T Ibuprofen 200 mg; 400 mg *	D**
1.1	6) T Paracetamol 500 mg; Sy 125 mg/5 ml Inj 150 mg/ml	6) T Paracetamol 500 mg; Sy 125 mg/5 ml Inj 150 mg/ml 7) T Nemusilide 100 mg	6) T Paracetamol * 500 mg; Sy 125 mg/5 ml Inj 150 mg/ml 7) T Nemusilide 100 mg	6) T Paracetamol * 500 mg; Sy 125 mg/5 ml Inj 150 mg/ml 7) T Nemusilide 100 mg	E
1.1.1	1) T Allopurinol 100 mg			1) ANALGESICS IN GOUT (S & T)	
1.1.2	1) T Azothioprine 50 mg 2) Cap Cyclosporine 2.5 mg Inj 50 mg/ml			ANALGESICS IN RHEUMATIC DISORDERS (S)	
				3) T Cyclophosphamide 100 mg Inj 100 mg; 200 mg	D

D

4) T Methotrexate
2.5 mg

50 mg
50 mg

2.0 ANTI-ALLERGICS & ANTI-ANAPHYLAXIS (U)

1) Inj Adrenaline 1 mg/ml	1) Inj Adrenaline * 1 mg/ml
2) T Cetrazione 10 mg	2) T Cetrazione 10 mg
3) T CPM 4 mg	3) T CPM * 4 mg Inj 10 mg/ml
Sy 2.5 mg/ 5 ml	

4) T Promethazine HCl
10 mg; 25 mg
Inj 25 mg/ml

54
4) T Promethazine HCl
10 mg; 25 mg

3.0 ANTI-EPILEPTICS (U)

1) T Phenobarbitone 30 mg; 60 mg	1) T Phenobarbitone * 30 mg; 60 mg
2) T Phenylton sodium 50 mg; 100 mg Inj 50 mg/ml Sy 25 mg/ml	2) T Phenylton sodium 50 mg film coated, 100 mg Inj 50 mg/ml Sy 25 mg/ml

3) T Carbamazepine
100 mg Paediatric

4) T Sodium Valproate
200 mg
Sy 200 mg / 5 ml

4.0 ANTI-MICROBIALS (U)

4.1 ANTI-HELMINTHICS (U)

1) T Albendazole 400 mg Sy 200 mg / 5 ml	1) T Albendazole 400 mg Sy 200 mg / 5 ml
--	--

4) T Albendazole
400 mg
Sy 200 mg / 5 ml

1) Inj Adrenaline * V**	1) Inj Adrenaline * 1 mg/ml
2) T Cetrazione 10 mg	2) T Cetrazione 10 mg
3) T CPM 4 mg	3) T CPM * 4 mg Inj 10 mg/ml
Sy 2.5 mg/ 5 ml	

4) T Promethazine HCl
10 mg; 25 mg
Inj 25 mg/ml

1) T Phenobarbitone * 30 mg; 60 mg	1) T Phenobarbitone * 30 mg; 60 mg
2) T Phenylton sodium 50 mg film coated, 100 mg Inj 50 mg/ml Sy 25 mg/ml	2) T Phenylton sodium 50 mg film coated, 100 mg Inj 50 mg/ml Sy 25 mg/ml
3) T Carbamazepine 100 mg Paediatric	3) T Carbamazepine 100 mg Paediatric
4) T Sodium Valproate 200 mg Sy 200 mg / 5 ml	4) T Sodium Valproate 200 mg Sy 200 mg / 5 ml

E

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List	Recommended Drug list by this committee		Remarks
			1) T Niclosamide 500 mg	2) T Niclosamide 500 mg	
4.2	ANTI-MALARIAL DRUGS (U)				
	1) T Chloroquine 150 mg Inj. 40 mg / ml Sy 50 mg / 5 ml	1) T Chloroquine 150 mg Inj. 64.5 mg / ml Sy 50 mg / 5 ml	1) T Chloroquine 150 mg Sy 50 mg / 5 ml	E	
	2) T Primaquine 2.5 mg; 7.5 mg	2) T Primaquine 7.5 mg	2) T Primaquine 2.5 mg; 7.5 mg	E	GOI supplied in programme
	3) T Sulfadoxine (500 mg) + Pyrimethamine (25 mg) 4) T Quinine 300 mg Inj 300 mg/ml	4) T Quinine 300 mg Inj 300 mg/ml	4) T Quinine 300 mg Inj 300 mg/ml	E	
4.0.1	ANTI-MICROBIALS (S & T)				
4.2.1	ANTI-MALARIAL DRUGS (S & T)				
4.3	ANTI-FILARIALS (U)				
	1) T Diethyl Carbamazine 50 mg	1) T Diethyl Carbamazine 100 mg	1) T Diethyl Carbamazine 100 mg	E	
			Sy 100 mg/ 5 ml	D	
4.4	ANTI-BIOTICS (U)				
	1) T Co-Trimoxazole DS Sy Trimethoprim (40 mg) + Sulphamethoxazole (200 mgs)	1) T Co-Trimoxazole DS Sy Trimethoprim (40 mg) + Sulphamethoxazole (200 mgs)	1) T Co-Trimoxazole DS * Sy Trimethoprim (40 mg) + * Sulphamethoxazole (200 mgs)	E	
			2) Cap Doxycycline 100 mg		
			3) T Erythromycin Estolate * 250 mg; 500 mg Sy 125 mg / 5 ml	E	Erythromycin sterate may be substituted for estolate if found to be

a devoid of
hepatotoxicity
E

4) T Nalidixic acid
300 mg (dispersable)

5) T Nitrofurantoin

100 mg

6) T Norloxacin

400 mg

7) Cap Chloromyctin

250 mg / 5 ml

Inj 1 g

Sy 125 mg / 5 ml

4.4.1 PENICILLIN GROUP (U)

1) Cap Amoxicillin

250 mg; 500 mg

Sy 125 mg / 5 ml

2) Cap Cloxacillin

250 mg; 500 mg

3) Benzathine Penicillin

6 L; 12 L; 24 L

4) Benzyl Penicillin

5 L; 10 L

5) Inj Procaine Penicillin

4 L

6) Inj Procaine Penicillin

4 L*

7) Inj Gentamycin

20 gm / vial; 80 gms/vial

8) Cap Tetracycline

250 mg

4.4.2 PENICILLIN GROUP (S & T)

1) Cap Ampicillin

250 mg; 500 mg

2) Inj Procaine Penicillin

20 L

6) T Norfloxacin/T Ciprofloxacin

100 mg (dispersable)

Inj 400 mg / 500 ml

7) Cap Chloromyctin

250 mg

Inj 1 g

Sy 125 mg / 5 ml

1) Cap Amoxicillin *

250 mg; 500 mg *

Dispersable tab

2) Cap Cloxacillin

250 mg; 500 mg

Sy 125 mg / 5 ml

3) Benzathine Penicillin

12 L

4) Benzyl Penicillin

10 L

5) Inj Procaine Penicillin

4 L*

6) Inj Gentamycin

20 gm / vial; 80 gms/vial

7) Inj Procaine Penicillin

20 L

1) Cap Ampicillin

250 mg; 500 mg

2) Inj Procaine Penicillin

20 L

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List		Recommended Drug list by this committee	
		Remarks		Remarks	
3) Inj Amikacin 250 mg / 2 ml		3) Inj Amikacin 250 mg / 2 ml	D		D
4) Inj Cefotaxime 1 gm / vial		4) Inj Cefotaxime 1 gm / vial	E		E
4.5 ANTI-AMOEBIC DRUGS (U)					
1) T Diloxanide Furoate 500 mg		1) T Diloxanide Furoate 500 mg	D		D
2) T Metronidazole 200 mg; 400 mg Inj 500 mg / 100 ml		2) T Metronidazole * 400 mg Inj 500 mg / 100 ml Susp 200 mg / 5 ml	E		E
3) T Tinidazole 500 mg		3) T Tinidazole 500 mg	E		E
4.6 ANTI-TUBERCULAR AGENTS (U)					
1) T Ethambutol 200 mg; 400 mg; 800 mg		1) T Ethambutol 400 mg	E Kit form of AIT		E
2) T INH 100 mg; 300 mg		2) T INH 300 mg	E recommended as per Govt. recommended		E
3) T Pyrazinamide 350 mg; 750 mg		3) T Pyrazinamide 300; 500 mg	E as per Govt. of India		E
4) Cap Rifampicin 150 mg; 300 mg; 450 mg Sy 100 mg / 5 ml		4) Cap Rifampicin 150 mg; 300 mg; 450 mg Sy 100 mg / 5 ml	E specifications		E
5) Inj Streptomycin 0.75 g; 1 gm		5) Inj Streptomycin 0.75 g; 1 gm			
4.7 ANTI-LEPROSY DRUGS (U)					
1) Cap Closazamine 50 mg; 100 mg		1) Cap Closazamine 50 mg	E		E
2) T Dapsone 50 mg; 100 mg		2) T Dapsone 50 mg; 100 mg			
3) Cap Rifampicin 150 mg; 300 mg		3) Cap Rifampicin 150 mg; 300 mg	E		E

1) I inj Amphotericin-B
50 mg / ml

2) T Griseofulvin
125 mg; 250

3) T Ketocanazole
200 mg

2) T Griseofulvin
250 mg

3) T Ketocanazole
200 mg

3) Clotrimazole Pessary
100 mg

3) Clotrimazole Pessary
100 mg

3) Clotrimazole
E

(a) Pessary 100 mg
(b) Cream 1%
(c) Lotion 1%

4.9 ANTI-VIRAL DRUGS (S & T)

1) T Acyclovir
250 mg

1) T Acyclovir
D

2.50 mg
Cream - 5%
Eye oint. - 3%

5.0 CARDIO-VASCULAR DRUGS (U)

5.1 ANTI-ANGINAL DRUGS (U)

1) T Glyceryl Trinitrate
Sub-lingual
0.5 mg

2) T Isosorbide-5 Mononitrate
10 mg; 20 mg

5.2 ANTI-HYPERTENSIVE DRUGS (U)

1) T Amlodipine
5mg ; 10 mg

2) T Atenolol
50 mg

3) T Propranolol
40 mg; 80 mg

1) T Griseofulvin
E

2) T Ketocanazole
200 mg

3) Clotrimazole
E

(a) Pessary 100 mg
(b) Cream 1%
(c) Lotion 1%

6) Micanazole soln. 2%
E

1) T Acyclovir
D

2.50 mg
Cream - 5%
Eye ointment - 3%

6) Micanazole soln. 2%
E

1) T Acyclovir
D

2.50 mg
Cream - 5%
Eye oint. - 3%

1) T Acyclovir
D

2.50 mg
Cream - 5%
Eye ointment - 3%

1) T Glyceryl Trinitrate
Sub-lingual
0.5 mg

2) T Isosorbide-5 Mononitrate
10 mg

1) T Amlodipine
E

2) T Atenolol
50 mg

3) T Propranolol
40 mg

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List		Recommended Drug list by this committee	Remarks
		1)	2)		
4.0	T Nifedipine 5mg : 10 mg	4) T Nifedipine 10 mg		4) T Nifedipine 5mg : 10 mg	E
5.2.1	ANTI-HYPERTENSIVE DRUGS (S & T)				
	1) T Diltiazem 30 mg; 60 mg			1) T Diltiazem 30 mg	E
	2) T Enalapril 2.5 mg; 5 mg; 10 mg				
	3) T Spiranolactone 25 mg	3) T Spiranolactone 25 mg		3) T Spiranolactone 25 mg	D
5.3	CARDIAC-GLYCOSIDES (U)				
	1) T Digoxin 0.25 mg	1) T Digoxin 0.25 mg		1) T Digoxin 0.25 mg	E
	Inj 0.25 mg/ml Elixir 0.05 mg/ml	Inj Digoxin 0.5 mg / 2 ml		Inj Digoxin 0.5 mg / 2 ml	
	2) T Furosemide 40 mg; Inj 10 mg/ml	2) T Frusemide * 40 mg; Inj 10 mg/ml		2) T Frusemide * 40 mg; Inj 10 mg/ml	E
5.3.1	CARDIAC-GLYCOSIDES (S & T)				
	2) Inj Procainamide			1) Potassium Chloride sohn.	E
	3) T Verapamil 40mg; 80 mg	3) Verapamil Inj 2.5 mg/ml		2) T Procainamide*	D
	Inj 2.5 mg/ml			3) T Verapamil 40mg; 80 mg	E
	4) Inj Isoprenaline 1 mg/ml	4) Inj Isoprenaline 200 micro gms/ml		Inj 2.5 mg/ml	E
5.3.2	CARDIAC-GLYCOSIDES (T)			4) Inj Isoprenaline 1 mg/ml	D
				1) Inj Procainamide 100 mg / 100 ml	E
6.0	VASCULAR SHOCK DRUGS (S & T)				
	1) Inj Dopamine 40 mg/ml	1) Inj Dopamine 40 mg/ml		1) Inj Dopamine 40 mg/ml	V
7.0	ANTI-THROMBOTIC DRUGS (S & T)			2) Plasma Expander (Dextravan)	V
	1) Inj Streptokinase 7.5 L: 1.5 L			1) Inj Streptokinase 7.5 L	V

8.1 ORAL CONTRACEPTIVES (U)

1) T Mala-N

D GOI free

supplies
taken care

1) T Mala-N

1) T Isosoxsuprime HCl
5 mg/ml

of
E

1) T Isosoxsuprime HCl
10 mg; 20 mg

Inj Isosoxsuprime HCl

5 mg/ml

2) Inj Oxytocin
5 units/ml; 10 units/ml

3) T Methylergometrine inc
0.125 mgms

Inj 200 micro gms/ml

4) Dimiprostone gel
(Cerviprime gel (E2 gel))

2) Inj Oxytocin
10 units/ml

3) T Methylergometrine inc
0.125 mgms

Inj 200 micro gms/ml

4) Dimiprostone gel
(Cerviprime gel (E2 gel))

5) T Isosoxsuprime HCl
5 mg/ml

6) Inj Isosoxsuprime HCl
5 units/ml; 10 units/ml

7) T Methylergometrine inc
0.125 mgms

Inj 200 micro gms/ml *

V

8.2 OTHER DRUGS IN OB & G (U)

1) T Isosoxsuprime HCl
5 mg/ml

of
E

1) T Isosoxsuprime HCl
10 mg; 20 mg

Inj Isosoxsuprime HCl

5 mg/ml

2) Inj Oxytocin *
5 units/ml; 10 units/ml

3) T Methylergometrine inc
0.125 mgms

Inj 200 micro gms/ml *

V

8.2.1

1) T Ethynodiol
0.01 mg; 0.5 mg

2) Inj Hydroxy Progesterone
Caproate

Depot 250 mg; 500 mg

3) Inj Magnesium Sulphate
4) T Clomiphene citrate

2.5 mg; 50 mg

5) T Purified micronised
progesterone

100 mg

5) T Purified micronised
progesterone

100 mg

8.2.2

OTHER DRUGS IN OB & G (T)

1) HCG
2) Inj Valethamate Bromide *

D
E

9.0 DERMATOLOGICAL DRUGS (U)

1) Benzyl Peroxide cream
2.5%; 5%

Gel - 2.5%; 5%

E

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List	Recommended Drug list by this committee		Remarks
			1)	2)	
3)	Benzyl Benzoate - 25%		2) Salicylic acid ointment- 2% * with Benzoic acid	E	
4)	Framycetin Sulphate - 1%		3) Benzyl Benzoate - 25%	E	
5)	Gammabenzene hexachloride lotion -1%		4) Framycetin Sulphate - 1%	E	
6)	Povidone iodine soln.-5% Ointment - 5%		5) Gammabenzene hexachloride lotion - 1%	E	
7)	Cream Silver Sulphadiazine 1%		6) Povidone iodine soln. -5%	E	
			7) Cream Silver Sulphadiazine- 1%*	E	
			8) Petroleum Jelly	D	
9.0.1 DERMATOLOGICAL DRUGS (S & T)					
	1) Coal tar ointment - 5%		1) Coal tar ointment - 5%	E	
			2) Podophylline tincture - 20%	D	
9.1 MISCELLANEOUS (U)					
	1) Calamine Lotion		1) Calamine Lotion	E	
			2) White soft Paraffin	E May be purchased if cheaper than petrol-eum jelly	
			3) Liquid Paraffin IP - 5 L can *	E	
			4) Gentian Violet	E	
9.1.1 MISCELLANEOUS (S & T)					
			1) T Methoxsalen	D	
			10 mg		
10.0 GASTRO-INTESTINAL DRUGS (U)					
10.1 ANTACIDS & ANTI-ULCER DRUGS (U)					
	1) T Aluminium Hydroxide (200 mg) + Mg. Trisilicate (500 mg)		1) T Aluminium Hydroxide *	D	
	2) T Ranitidine 150 mg		(200 mg) + Mg. Trisilicate (500 mg) + Simethicone (DMP)		
			2) T Ranitidine 150 mg		
			150 mg		

		Inj Ranitidine 50 mg/2 ml	E
		3) Cap Omeprazole 10 mg	E
10.1.1	ANTACIDS & ANTI-ULCER DRUGS (S & T)		
10.2	ANTI-EMETICS (U)		
	1) T Domperidone 10 mg	1) T Domperidone 10 mg	E
	Inj Domperidone 25 mg/ml	Susp 1 mg/ml	E
		Inj Domperidone 25 mg/ml	E.
	2) T Metachlorpromide 10 mg	2) T Metachlorpromide 10 mg	E
	Sy 5 mg/ml	Inj 5mg/ml	
	Inj 5mg/ml		V
10.3	ANTI-SPASMODICS (U)		
	1) T Hyoscine Butyl Bromide 10 mg	1) Inj Hyoscine Butyl Bromide 10 mg	E
	Inj 20 mg/ml	Inj 20 mg/ml	
	2) T Dicyclomine Hydrochloride 10 mg	2) T Dicyclomine Hydrochloride 10 mg	E
10.4	LAXATIVES (U)		
	1) T Bisacodyl 5 mg	1) T Bisacodyl 5 mg	E
	2) Liq Paraffin 1 P *	2) Liq Paraffin 1 P *	E
10.5	ANTI-DIARRHOEALS (U)		
	1) T Furozolidine 100 mg	1) T Furozolidine 100 mg	D
	Sy 25 mg/5 ml		

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List	Recommended Drug list by this committee		Remarks
			2) ORS *	V	
11.0	HORMONES (U)				
11.1	ANTI-DIABETICS (U)				
	1) T Glibenclimide 5 mg	1) T Glibenclimide 5 mg	1) T Glibenclimide 5 mg	E	
	2) T Metformin 500 mg	2) T Metformin 500 mg	2) T Metformin 500 mg	E	
	3) (a) Inj. Insulin 40 IU / ml	3) (a) Inj. Insulin 40 IU / ml	3) T Glibezide 2.5 mg	E	
	(b) Lente Insulin 40 IU / ml	(b) Lente Insulin 40 IU / ml	4) Bovine Insulin (a) Plain / Regular	E	
	(c) NPH 40 IU / ml	(c) NPH 40 IU / ml	(b) Lente (c) NPH		
11.2	HORMONES (S & T)				
	1) Human Insulin 30 plain long acting	1) Human Insulin 30 plain long acting	1) Human Insulin (a) Regular (b) Lente (c) Premixed	E	
			2) T Gliclazide 40 mg ; 80 mg	E	
			3) T Glipizide 2.5 mg; 5 mg	E	
			4) T Carbimazole 5 mg	E	
			5) L Thyroxine 100 micro gms		
			6) Potassium Iodide 8 mg / 5 ml		
12.0	IMMUNOLOGICALS (U)				
12.1	SERA & IMMUNOGLOBULINS (U)				
	1) Tuberculin (PPD)	1) Tuberculin (PPD)	1) Tuberculin (PPD)	E	
	2) ASV	2) ASV	2) ASV	V	

1) Anti-D Immunoglobulin 250 microgms. 350 micro gms	1) Anti-D Immunoglobulin 150 microgms ; 300 microgms
2) ATS 250, 500 IU / vial	2) ATS 500 IU/vial
3) ADS	3) ADS
	V
12.2 VACCINES (U)	
1) Anti Rabies Vaccine vials	1) Anti Rabies Vaccine * vials (Tissue Culture Vaccine)
2) BCG/DPT/OPV	2) BCG/DPT/OPV
3) Measles Inj.	3) Measles Inj.
4) TT	4) TT
13.0 OPHTHALMOLOGICAL AGENTS (U)	
13.1 ANTI-INFECTIVE AGENTS (U)	
1) Ciprofloxacin Eyedrops/ointment- 0.3% (0.3%)	1) Ciprofloxacin Eyedrops/ointment
2) Gentamycin drops Eyedrops-0.3%	2) Gentamycin drops * Eyedrops-0.3%
3) Tetracycline Eye ointment 1%	3) Tetracycline Eye ointment 1%
	4) Flucanazole Eye oint 1%
13.2 ANTI-GLAUCOMA AGENTS (S & T)	
1) T Acetazolamide 250 mg	1) T Acetazolamide 250 mg
2) Pilocarpine nitrate Eyedrops- 2% ; 4%	2) Pilocarpine nitrate Eyedrops- 2% ; 4%
3) Timolol Eyedrops - 0.25%; 0.5%	3) Timolol Eyedrops - 0.5%

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Therapeutic Committee Recommended List

1) Atropine
Drops/ointment - 0.5%; 1%

2) Homatropine
Eyedrops - 2%

3) Phenylephrine
Eyedrops - 5%

1) Atropine
Drops/ointment - 0.5%; 1%

2) Homatropine
Eyedrops - 2%

3) Tropicamint drops
(Pupil dilator)

4) Cyclobenzoate eye drops
(short acting pupil dilator)

5) Artificial tears
0.7% hydroxy propyl methyl cellulose

4) Cyclobenzoate eye drops
(short acting pupil dilator)

5) Artificial tears
0.7% hydroxy propyl methyl cellulose

6) Phenylephrine
Eyedrops - 5%; 10%

1) Prednisolone
Eyedrops - 0.5%

2) Betamethazone
Eye ointment - 5 G
Drops 5 ml

1) Prednisolone
Eyedrops - 0.5%

2) Betamethazone N (0.1%) +
Neomycin Eye drops/Oint (0.3%)

1) Xylocaine
Eyedrops - 1%; 4%
Viscous soln. - 2 %

1) Tetracaine
Drops - 0.5%

2) Inj Xylocaine *
2%; 4%

1) Ciprofloxacin
Eardrops - 3%

2) Chloromycetin
Eardrops/ointment-0.5%; 1%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

Recommended Drug list by this Committee

Remarks

1) Atropine
E

2) Homatropine
E

3) Tropicamint drops
(Pupil dilator)
E

4) Cyclobenzoate eye drops
(short acting pupil dilator)
E

5) Artificial tears
0.7% hydroxy propyl methyl cellulose
D

6) Phenylephrine
Eyedrops - 5%; 10%
E

1) Prednisolone
Eyedrops - 0.5%
E

2) Betamethazone
Eye ointment - 5 G
Drops 5 ml
E

1) Prednisolone
Eyedrops - 0.5%
E

2) Betamethazone N (0.1%) +
Neomycin Eye drops/Oint (0.3%)
E

1) Xylocaine
Eyedrops - 1%; 4%
Viscous soln. - 2 %
D

1) Tetracaine
Drops - 0.5%
V

2) Inj Xylocaine *
2%; 4%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

Recommended Drug list by this Committee

Remarks

1) Atropine
Drops/ointment - 0.5%; 1%

2) Homatropine
Eyedrops - 2%

3) Tropicamint drops
(Pupil dilator)

4) Cyclobenzoate eye drops
(short acting pupil dilator)

5) Artificial tears
0.7% hydroxy propyl methyl cellulose

6) Phenylephrine
Eyedrops - 5%; 10%
E

1) Prednisolone
Eyedrops - 0.5%
E

2) Betamethazone
Eye ointment - 5 G
Drops 5 ml
E

1) Prednisolone
Eyedrops - 0.5%
E

2) Betamethazone N (0.1%) +
Neomycin Eye drops/Oint (0.3%)
E

1) Xylocaine
Eyedrops - 1%; 4%
Viscous soln. - 2 %
D

1) Tetracaine
Drops - 0.5%
V

2) Inj Xylocaine *
2%; 4%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

1) Ciprofloxacin
Eardrops - 3%

1) Ciprofloxacin
Eardrops/ointment-0.5%; 1%

14.1	ENT DRUGS (S)	
		3) Gentamycin * Eardrops -0.3 %
		Eardrops -0.3 %
		4) Waxol
		D E
15.0	PSYCHOTROPIC / PSYCHOTHERAPEUTIC DRUGS (S & T)	
	1) T Chlorpromazine 25 mg : 50 mg; 100 mg Sy 25 mg/5 ml Inj 25 mg/ml	1) T Amitriptylin 10; 25; 50 mg Sy 25 mg/5 ml
	2) T Haloperidol 1.5 mg; 5mg; 10mg Inj 5 mg/ml	1) T Chlorpromazine 50 mg; 100 mg Sy 25 mg/5 ml
	3) T Alprozolam IP 0.25; 0.5; 1 mg	2) T Haloperidol 5 mg
		3) Inj Fluphenazine Deconate 25 mg/ml; 1 ml vial/amp
15.1	DRUGS USED FOR SEDATION & GENERAL ANXIETY (U)	
	1) T Diazepam 2 mg; 5 mg	1) T Diazepam 5 mg/ml
		2) Inj Diazepam * 5 mg/ml
		2) T Chlordiazepoxide 10 mg
		3) T Trifluoperazine 5 mg
		4) T Alprazolam 0.5 mg : 1 mg
		D E

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List	Recommended Drug list by this committee	Remarks
16.0 DRUGS ACTING ON RESPIRATORY TRACT (U)				
1) Inj Theophylline 100 mg: 200 mg	1) T Theophylline (23 mg) + Etophylline (77 mg)	1) T Theophylline (23 mg) + Etophylline (77 mg)	E	
	Inj Theophylline (50.6 mg) + Etophylline (169.4 mg)	Inj Theophylline (50.6 mg) + Etophylline (169.4 mg)	V	
2) T Salbutomal Sulphate 2 mg: 4 mg	2) T Salbutomal Sulphate * 1 mg	2) T Salbutomal Sulphate * 4 mg	V	
Sy 2 mg / 5 ml	Sy 2 mg / 5 ml	T 1 mg	V	
16.0.1 DRUGS ACTING ON RESPIRATORY TRACT (S & T)				
1) Inj Aminophylline 25 mg/ml	1) Inj Aminophylline * 250 mg/ 10 ml	1) Inj Aminophylline * 25 mg/ml	V	
17.0 VITAMINS (U)				
1) Vit B Complex multivitamins as per schedule 5	1) T Vit B Complex B1 - 5 mg B2 - 5 mg B6 - 2 mg Niacinamide 50 mg	1) Vit B Complex (NFI) Specifications * Inj Vit B 12 100 micro gms / ml	E	
Inj Vit B 12 1 mg/ml	Inj			
	B1 - 10 mg B2 - 2 mg B6 - 2 mg Niacinamide 100 mg			
		2) Vit A Inj 1 L/2 ml *	E	
2) Vit A 1.5 L IU/ml Conc. Soln.	Vit A & D Gelatin Caps	Vit A Sy 1 L IU/ml/ 2 L IU		
3) Vit C 100 mg: 500 mg	3) Vit C chewable 500 mg	3) Vit C chewable * 500 mg	E	
		2) Vit A Inj 1 L/2 ml *	E	
		4) Ca Lactate 300 mg *	D	Kit - form of
		Ca Carbonate	D	Ca Carbonate
		Ca Bisphosphonates	D	Bisphosphonates

18.0 DRUGS AFFECTING BLOOD (U)

18.1 ANTI-ANAEMIC DRUGS (U)

1) T Ferrous Sulphate
60 mg elemental iron
Sy 25 mg/ml elemental iron

1) T Iron - Folic Acid
Ferrous Fumarate
(335 mg)+Folic acid (0.5 mg)
Iron Folic Acid (Paed)
Ferrous Fumarate (67 mg) +
Folic acid (0.1 mg)

1) (a) T Ferrous Sulphate
60 mg elemental iron

(b) Iron & Folic acid *
Ferrous Fumarate (33 mg) +
Folic acid (0.5 mg)

18.1.1 ANTI-ANAEMIC DRUGS (S & T)

1) Inj Iron-Dextran
50 mg/ml

1) T Iron Folic acid (Paed)
Ferrous Fumarate (6 mg) +
Folic acid (0.1 mg)

18.2 ANTI-COAGULANTS (U)

1) T Vit K
10 mg
Inj Vit K
10 mg/ml

2) T Acino Coumarol
1 mg; 2 mg; 4 mg
2 mg

1) Inj Heparin Sodium
5000 IU/ml; 50000 IU/ml

1) Inj Heparin Sodium
10000 IU/ml; 50000 IU/ml

19.0 STEROIDS (U)

1) Inj Hydrocortisone Sodium *
Hemisuccinate
100 mg

Cream - 2%: 2.5%
2) T Prednisolone *
5 mg

1) Inj Hydrocortisone Sodium *
Hemisuccinate
100 mg

E
2) T Prednisolone *
5 mg

St. No.	National Essential Drug List	Therapeutic Committee Recommended List	Recommended Drug list by this committee		Remarks
			1) Dexanethazone Phosphate *	2) Dexamethazone Phosphate *	
	3) Dexanethazone Phosphate 4 mg/ml	3) Dexanethazone Phosphate * 4 mg/ml	E	E	
	4) Inj Betamethasone	4) Inj Betamethasone	V	V	
20.0	LOCAL ANAESTHETICS (U)				
	1) (a) Inj Lignocaine HCl 1% _a , 2% _b	1) Inj Lignocaine HCl 1% _a , 2%	E	E	
	(b) Inj Lignocaine HCl + Epinephrine 2 L/vial	(b) Inj Lignocaine HCl + Epinephrine 2 L/vial			
21.0	GENERAL ANAESTHETICS (U)				
	1) Liq Ether	1) Liq Ether 500 ml	E	E	
	2) Halothane	2) Isoflurane 100 ml bottle (in place of halothane)			
		3) Isoflurane 4) Inj Ketamine 10 mg/ml; 50 mg/ml	3) Isoflurane 4) Inj Ketamine 10 mg/ml	3) Isoflurane 4) Inj Ketamine 10 mg/ml	
21.0.1	GENERAL ANAESTHETICS (S & T)				
	1) Inj Thiopental Sodium 0.5 g; 1 g	1) Inj Thiopental Sodium 500 mg/vial	E	E	
	2) Inj Pancuronium Bromide 2 mg/ml	2) Inj Pancuronium Bromide 2 mg/ml	E	E	
	3) T Neostigmine 1.5 mg Inj Neostigmine 0.5 mg/ml	3) T Neostigmine 1.5 mg Inj Neostigmine 0.5 mg/ml	D	D	
	4) Succinyl Choline 50 mg/ml	4) Succinyl Choline 50 mg/ml	E	E	
21.0.2	MUSCULO-SKELETAL RELAXANT (T)				
			E	E	

22.1 ORGANO PHOSPHOROUS POISONING (U)

1) Atropine Sulphate Inj 0.5 mg/ml	V
2) Inj PAM	V
3) Tincture Benzon	E
4) Inj Distilled water	V
5) Benedict's qualitative reagent	E

22.2 IV FLUIDS (U)

1) 5% Glucose isotonic	V
2) 50% Hypertonic	V
3) Glucose saline	V
4) Ringer lactate *	V
5) Normal saline *	V
6) Isolyte - P	E
7) Isolyte - M	E

22.3 ANTI-INFECTIVES, ANTISEPTICS & DRESSINGS (U)

1) Dichlorometaxylenol	D
1.5% 1 ltr can	
2) Strong Cetrimide soln. 20 % *	E
3) Hydrogen Peroxide 6%	E
4) Surgical spirit	V
5) Phenyl Formaldehyde	
6) Sodium Hypochlorite - 1%	
7) Adhesive tape - 7.5cm x 10mt per roll	E
8) Absorbant cotton	E
9) Bandage cloth (close woven) 160 cms x 20 mts (40 x 40 counts)	E
10) Plaster Of Paris - 5 kgs	E
BPC rolls 15 cm x 2.7 mts/roll	

Sl. No.	National Essential Drug List	Therapeutic Committee Recommended List	Recommended Drug list by this committee	Remarks
		1) Plaster Of Paris bandages 10 rolls	E	
		12) Glass syringes - 5ml; 20 ml Luer Mount, Hypodermic syringe	E	
		13) Needle Hypodermic 22G, 23 24G 1 inch size 6.25 mm Long Bevel. Luer lock, stainless steel	E	
		14) Disposable syringes with needle CGS 2cc, 5cc	E	
		1) (a) ECG Paper single channel 50 mls x 30 mls	E	
		(b) ECG Gel	E	
		2) Foley's Catheter Silkolatex 2 way Size 16, 18	E.	
		3) Ryle's tube - 5, 6, 8, 10, 12	E	
		4) IV Sets with airway and needle sterile disposable non-toxic, non-pyrogenic sterilized by ETO 2.7 to 3.00 mm tube with fluid filter length 180 cms (adult and children)	E	
		5) Scalpvein sets - 21G, 22G, 23 24 G	E	
		6) Mannitol - 20%	E	
		7) Oral Glycerol	E	
		8) Barium Sulphate	E	
		9) Plaster Of Paris IP 20 kgs HDPE bag doubly wrapped	E	
		10) Absorbable surgical suture 152 cm USP-Chronic		
		1. With Atraumatic needle curved with atraumatic needle-curved	E	
		Size : 2 Chronic (For ophthalmic use)		
		11) Absorbable surgical suture 152 cms USP-Chronic		

i. With Atraumatic needle

straight								
Size : 2								
12) Non absorbable surgical suture USP (braided silk) with atraumatic needles								
Length : 76 cms								
Size : 8-0, 9-0, 10-0								
13) Non absorbable surgical suture USP polypropylene monofilament with atraumatic needle round body, curved length : 76 cms in aluminium pouches								
Size : 1-0 to 8-0								
Total Drugs	151	120	220					
Total Items	254	169	311					

* indicates Drugs required for PHC's

D** = Desirable

E** = Essential

V** = Vital

Annexure IX

Recommended Drugs & Pharmaceutical Preparation for PHC

1.	T Aluminium Hydroxide
2.	T / Inj Aminophylline
3.	Cap / Sy Amoxycillin
4.	T Ciprofloxacin
5.	T / Sy Co-trimoxazole
6.	T Erythromycin Stearate
7.	Cap Doxycycline 100 mg
8.	Inj A R V 30 ml vial; Tissue Culture Vaccine
9.	T Ascorbic acid 500 mg
10.	T Aspirin 300 mg
11.	T Atenolol
12.	Inj Atropine Sulphate
13.	Benzoic acid ointment compound (Whitfield)
14.	T Betamethasone / Prednisolone
15.	T / Inj Dexamethasone
16.	Inj Hydrocortisone Sodium Succinate
17.	T Calcium lactate
18.	Tinc Cetrimide
19.	Cap Chloramphenicol
20.	T CPM
21.	Inj Cyanocobalamin
22.	IV Dextrose

23.	Inj Diazepam
24.	T Dicyclomine HCl
25.	T Frusemide
26.	Gentamycin Eye & Ear drops
27.	T Ibuprofen
28.	Inj Lignocaine HCl 2%
29.	Liq Paraffin IP
30.	T Metronidazole
31.	Multivitamin NFI
32.	ORS Powder
33.	T Paracetamol 500 mg
34.	Inj Pheniramine maleate
35.	T Phenobarbitone 60 mg
36.	T Propranolol
37.	T Sulbutamol Sulphate
38.	Silver Sulphadiazine cream
39.	ASV
40.	Sodium Chloride IV
41.	DNS IV
42.	Ringer Lactate IV
43.	Inj Theophylline + Etophylline
44.	Inj Vitamin A
45.	T / Inj B Complex
46.	Cap Vitamin A

47.	Water for injection
48.	Inj Procaine Penicillin 4 L
49.	T IFA
50.	Inj Adrenaline
51.	Inj Oxytocin
52.	Inj Valethemate Bromide
53.	Inj Methergine
54.	Gention Violet paint
55.	T / Inj Perinorm

Annexure X

I. Administrative Office, Bangalore

Specification	Nos.	Total cost (Rs. in lakhs)
SERVER-Pentium-III, 550 MHz, 810 chipset, 256MB, 9GB, SCSI HDD, 4/8 GB DAT Drive, 48x CD-4OM, 1.44 MB FDD, Ethernet CARD Color Monitor, Keyboard and Mouse	1	1.75
CLIENTS-Pentium-III, 550 MHz, 810 chipset, 64MB, 9GB, 48x CD-ROM, 1.44MB FDD, Ethernet Card, Color Monitor, Keyboard and MS-Mouse, Pre-loaded Win 2000 Professional	4	2.00
Dot Matrix Printer 132 cols., 24 Pin, 240 cps	2	0.34
Laser Printer	1	0.22
Inkjet Printer	1	0.08
UPS 2KVA Online with 30 min. back 1KVA Interactive with 30 min. back	1 4	0.65 0.60
Modem 56.6 KBPS, External	2	0.12
Networking - LAN		0.50
Software MS-Windows 2000 Server with 8 User Interface MS-SQL Server 7.0 with 8 User License MS-Office 2000 Standard C-DAC ISM soft Kannada Software	1 1 6 6	0.20 0.38 0.60 0.12
Training	20	0.40
Internet Connection	2	0.06
Site Preparation, Furniture, 2 Telephones etc.		1.00
One programming Asst. and 2 D.E. Operators from manpower agency for initial one year		4.00
		13.02

II. District Stores:

Specification	Nos.	Total cost (Rs. in lakhs)
COMPUTER-Pentium-III, 550 MHz, 810 chipset, 64MB, 9GB HDD, 48x CD-ROM, 1.44 MB FDD, Ethernet Card, Colour Monitor, Keyboard, Mouse, Pre-loaded Win 2000 Prof.	26	13.0
Dot Matrix Printer	26	4.42

132 cols., 24 Pin, 240 cps		
UPS 1KVA Interactive with 30 min. back	26	3.90
Modem 56.6 KBPS, External	26	1.56
Software MS-Windows 2000 standard	26	3.90
ISM - soft Kannada	26	0.78
Training	54	1.04
Internet Connection	26	0.78
Site, Furniture, Telephone etc.	26	5.20
One Data Entry Operator through manpower agency for initial one year		13.0
		47.58

Annexure XI

An abstract of Expenditure (both Investment costs and Recurring costs) for the proposed, computerised Inventory Management System and for establishing District Warehouses

A. Recurring Costs

General Medical Stores (Administrative Wing) and Quality Control Wing

I. Staff Salary

		Rs.
1.	Salary component of the proposed staff of Government Medical Stores	22,12,000
2.	Salary component of the proposed staff for Quality Control Wing of Government Medical Stores	4,80,000
3.	Salary Component of the proposed staff for District Warehouses	1,43,72,000
	Sub-total	1,87,64,000

II. Salary of Computer Staff

1.	Salary Component of the proposed Computer Staff at Administrative Wing and District Warehouses (Contract basis/from manpower agency)	: 17,00,000/-
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III. Rentals

1.	Rentals for establishing 25 Warehouses in the Districts (excluding Bangalore Rural & Urban Districts) A minimum of 5000 sq. ft. area is considered for the purpose of calculation [The Karnataka Warehousing Corporation charges Rs. 1.05/sq. ft. area]	: (1.05X5000X12X25) 15,75,000
	Total Recurring Expenditure	2,20,39,000

B. Investment Cost

1.	Computerisation at the Administrative Wing of Government Medical Stores for Hardware, Software and Training	: 9,02,000
2.	Computerisation at the District Warehouse level for Hardware, Software and Training	: 34,58,000
	Total Investment Cost	43,60,000

NAME OF THE STORES / INSTITUTION:

DAY-BOOK OF RECEIPTS

NAME OF THE STORES / INSTITUTION:

MONTIWISE EXPIRY DATE REGISTER

Month & Year of Expiry:

NAME OF THE STORES / INSTITUTION:

REGISTER OF 'DRUGS' DECLARED 'NOT OF STANDARD'

NAME OF THE STORES / INSTITUTION:

QUALITY CONTROL REGISTER

Stock Register

Name of the item:

Code No.

Form

